

# Diversion Policy

**Diversion policy:** The hospital must provide a copy of its diversion policy and affirm that it will not be on diversion status more than 5% of the time in a rolling twelve (12) month period. The hospital's documentation must include a record of the most recent twelve (12) months showing dates and length of time for each time the hospital was on diversion.

a **Documentation required:**

- i. Completed detailed diversion information/why facility activated diversion on required spreadsheet provided by ISDH Designation Subcommittee.

**Evidence:**

- i. Diversion policy
- ii. Diversion information for January – December 2019

Current Status: Active

PolicyStat ID: 6845966



**Franciscan**  
ALLIANCE

Original: 1/15/2004  
Last Reviewed: 10/22/2019  
Last Revised: 10/22/2019  
Next Review: 10/21/2022  
Responsible Party: Marianne Benjamin: Director  
Nursing Operations  
Policy Area: Administration  
References: Policy  
Applicability: Franciscan Health  
Indianapolis  
Franciscan Health  
Mooresville

## Ambulance Diversion Policy

9/12/16 Franciscan Alliance hospital facility names were changed. See Hospital Listing document for new name changes and previous names.

**Policy Number: 950.79**

### Policy:

Franciscan Health Central Indiana strives to care for every person requesting services. However, to deliver optimal patient care, under certain circumstances, ambulances may need to be temporarily diverted to other facilities.

This policy meets American College of Surgeons Criteria Deficiency: 3-4, 3-5, and 3-6 and HFAP element: 2.04.01

### Procedures:

1. Criteria for total Emergency Department (ED) Ambulance Diversion:

A. The ED is at capacity or resources are overwhelmed.

a. Resources considered include, but not limited to:

- i. Number and types of admissions holding in ED
- ii. Nurse to patient ratio in ED
- iii. Intensivist capability and availability for caring for current patients admitted in ED and critical care
- iv. Staffing and physical resources, such as ventilator and intravenous pump availability
- v. Pending availability of critical care beds
- vi. National Emergency Department Overcrowding (NEDOC) score of 140 or greater.

a. The ED Charge nurse should compute the NEDOC score every 4 hours.

B. A specific clinical area has exhausted all available options for staffing and can not assume care for additional patients; or

- C. The hospital experiences a utility or physical plant failure, or an internal disaster has been declared (see Disaster Plan).
  - D. Mooresville only: Ambulance diversion should be considered for Mooresville whenever there are limitations to the diagnostic testing availability required for a specific subset of patients due to equipment failure in radiology or laboratory. This decision should be made on a case by case basis with consideration given to length of anticipated downtime, available alternative testing, and the type of patient that may be affected. This decision will be made jointly with the ED physician, ED manager, and Director of Patient Care Services for Mooresville, or designees.
2. The Manager for Nursing Services, or designee, will confer with the Charge Nurse for the ED at the respective campus and verify that the above criteria have been met. The Manager for Nursing Services, or designee, will complete a review of diversion status of other local emergency departments.
  3. The Charge Nurse will notify the ED physician on site, and ED leadership on-call. Leadership on-call will review previous steps and will notify Director of Emergency Services. The Director of Emergency Services, or designee, will call the surgeon on call for trauma (Indianapolis diversions only), the nursing director on-call, and the administrator on-call. Mooresville ED leadership will notify ED Director and Executive Director, or their respective designees. The decision to divert ambulances will be made cooperatively by this group. The status of emergency departments at other hospitals will be considered in making this decision. A review of the need to concurrently divert ambulances from additional campus EDs, as well specific patient types, will also be considered in this decision.
  4. When there is a need for diversion for a specific type of patient, the Nursing Director for that patient type, or designee, will review the criteria of the specific unit and advise on diversion decision. The Chief Operating Officer, the Chief Medical Officer, surgeon on-call for trauma (Indianapolis diversions only), and the administrator on-call will cooperatively make a decision to divert ambulance with these specific types of patients. This includes, but is not limited to, pediatric patients. The below are categories available in MESH IndyTRAC. Guidelines for diversion of special populations include:
    - A. Psychiatric/ID:
      - a. Indianapolis Campus: all three ED psychiatric beds full or one violent psychiatric patient.
      - b. Mooresville campus: two psychiatric beds full or one violent psychiatric patient.

Immediate Detention (ID) patients may need to be diverted to another institution if space or staffing limitations impede the safe detention of the patients. In the case of ID patient diversion, the nursing leadership of the Emergency Department, in consultation with the Security staff and Emergency Department physician, will determine if diversion is appropriate, as well as, when the diversion can be lifted. Notification does not need to be made to the Administrator On Call, surgeon on-call for trauma, or Medical Staff. Notification of the diversion to outside parties will be made according to Emergency Department policy.

At both campuses, psychiatric and ID diversion will be reevaluated every hour by the ED charge RN and will be removed when the situation allows.

**B. Critical Care:**

- a. Indianapolis: Inpatient critical care beds full with 4 (four) ER patients waiting for a critical care bed over 12 hours and no outside resources available for those patients.
- b. Mooresville: Case by case basis when internal resources are overwhelmed by either

unavailable in house critical care beds causing holding of critical care patients in the ED or unavailable critical care beds at the Indianapolis Campus causing a holding of patients in the Mooresville ED. This decision will be made jointly with the ED physician, ED manager, and Director of Patient Care Services for Mooresville or designees.

- C. Indianapolis Cath Lab: Cath lab will remain open for patients with an Acute Coronary Syndrome and out of hospital cardiac arrest patients, even if on total ED diversion. This information is communicated annually via the Franciscan St. Francis EMS Liaison to area EMS agencies.

D. Labor & Delivery (L&D) (OB):

- a. Indianapolis is at capacity or resources are overwhelmed. Factors include, but not limited to:
- i. Bed capacity with no reasonable expected time of bed availability
  - ii. Physical resources such as fetal monitors to safely monitor patients.
  - iii. **Special Note:** For Indianapolis L&D diversion: The director of Women & Children's Service (or designee) works with the Service Line Medical Director, administrator on-call, to place the unit on diversion. The ED charge RN would be notified to place L&D on diversion through MESH IndyTRAC system.
- b. Mooresville: On a case by case basis when internal resources are overwhelmed. This decision will be made jointly with the OB on-call physician, the OB manager, and the director of Patient Care Services for Mooresville or designees

- E. Indianapolis Trauma: Trauma diversion will be applicable upon recognition by the State of Indiana as a facility that is "in the American College of Surgeons verification process" and/or official trauma center verification from the American College of Surgeons is received. Diversion of injured patients will be kept to a minimum, with a goal of less than 5% per year.

- F. SANE: The SANE nurse determines when available and manages placing the Center of Hope on diversion either during an ongoing exam or if no SANE nurse is on call.

5. Diversion time will be implemented in two-hour increments and evaluated at minimum of every four-hours by the Director of Emergency Services, in consultation with the ED physician on site, surgeon on-call for trauma (Indianapolis diversions only), nursing director and administrator on-call, or as agreed upon by this group. Diversion of ambulances with specific types of patients will be implemented in two-hour increments and evaluated every two hours by the nursing director and administrator on-call.
6. The Charge Nurse in ED will notify Marion County Emergency Communication Authority via the MESH IndyTRAC website ([www.indytrac.org](http://www.indytrac.org)) of diversion implementation and again at stop times. Current bed planning staff will send out an email stating the type and reasoning for diversion.
7. Regardless of diversion status, any person seeking care and presenting to the Emergency Department or Labor and Delivery will be evaluated for an emergent medical condition (or labor status for L&D). This includes meeting all provisions of federal and state regulations for emergency services. This policy is limited to addressing the diversion of ambulances and is not written to address diversion of other patient arrival methods.
8. Ambulances may not be verbally diverted via radio or in person. Ambulances presenting during diversion are to be triaged and patients placed appropriately.
9. Diversion should not be initiated to save beds for either elective admissions or potential deterioration of hospitalized patients. Hospital diversions should not be based on financial decisions (American College

of Emergency Physicians, 1999).

10. The Trauma Program Manager or designee will maintain a log of diversion times as it relates to injured patient care at the Indianapolis campus.
11. Ambulance diversions will be evaluated after each implementation and on a quarterly basis. This review will become a part of the Emergency Department and Nursing performance improvement programs. The Trauma Operations Process Performance Improvement Committee (TOPI) will monitor and report on diversion as it relates to injured patients for the Indianapolis campus.

## Reference:

American College of Emergency Physicians (ACEP). (1999, October). Guidelines for ambulance diversion. Retrieved from <https://www.acep.org/Clinical--Practice-Management/Guidelines-for-Ambulance-Diversion/>

Owner: Director, Nursing Practice

Approved by: Operations Council

Shamseddeen, Hazem, M.D., General Surgeon and Medical Director of Trauma - 4/2016

*If this policy does not yet have an electronic signature, please refer to the policy archives for a signed PDF version.*

## Attachments:

### Approval Signatures

Step Description	Approver	Date
	James Callaghan: President CEO [DP]	10/22/2019
	Lindsey Messer: Administrative Assistant	8/29/2019
	Corey Baute: VP Administrative Services	8/23/2019
Administrative Policy Committee	Marianne Benjamin: Director Nursing Operations	8/23/2019
	Marianne Benjamin: Director Nursing Operations	8/23/2019

### Applicability

Franciscan Health Indianapolis, Franciscan Health Mooresville

2019 Diversion Log	Time on	Time off	Total time on Diversion	Minutes on Diversion	ED	CC	TD	Reason
Thursday, January 10, 2019	1/10/19 1602	1/10/19 2224	6 hours, 22 min	382	X	X	X	ED holding >20 patients, MS/CC full
Wednesday, January 23, 2019	1/23/19 1513	1/23/19 2242	7 hours, 29 min	449	X	X	X	ED holding >20 patients, MS/CC full
Thursday, February 14, 2019	2/14/19 0708	2/14/19 1953	12 hours, 45 min	765	X	X	X	ED holding >20 patients, MS/CC full
Tuesday, March 12, 2019	3/12/19 0457	3/12/19 0833	3 hours, 36 min	216	X	X	X	ED holding >15 patients, MS/CC full
Tuesday, March 12, 2019	3/12/19 1412	3/13/19 1147	21 hours, 25 min	1295	X	X	X	ED holding >20 patients, MS/CC full
Wednesday, March 13, 2019	3/13/19 1423	3/13/19 1955	5 hours, 32 min	332	X	X	X	ED holding >20 patients, MS/CC full
Friday, March 15, 2019	3/15/19 1146	3/15/19 2023	8 hours, 37 min	517	X	X	X	ED holding >20 patients, MS/CC full
Tuesday, March 26, 2019	3/26/19 0721	3/26/19 0826	1 hour, 5 min	65	X	X	X	ED holding >20 patients, MS/CC full
Tuesday, March 26, 2019	3/26/19 1531	3/27/19 0031	9 hours	540	X	X	X	ED holding >20 patients, MS/CC full
Tuesday, April 2, 2019	4/2/19 1220	4/2/19 2122	9 hours, 2 min	542	X	X	X	ED holding >20 patients, MS/CC full
Wednesday, May 1, 2019	5/1/19 1454	5/1/19 2120	6 hours, 26 min	386	X	X	X	ED holding >20 patients, MS/CC full
Wednesday, June 19, 2019	6/19/19 1618	6/19/19 2145	5 hours, 28 min	328	X	X	X	ED holding >20 patients, MS/CC full
No Diversion July 2019								
No Diversion August 2019								
No Diversion September 2019								
Saturday, October 19, 2019	10/19/19 0048	10/19/19 0958	9 hours, 10 min	550		X		Critical Care diversion only, holding >10 patients, CC Full
No Diversion November 2019								
No Diversion December 2019								

Total hours on Diversion: 106.1  
Percentage on diversion: 1.21%

ED = ED diversion  
CC = Critical care diversion  
TD = total diversion

107

# Emergency Department Physician Coverage

In-house Emergency Department physician coverage: The Emergency Department must have a designated emergency physician director, supported by an appropriate number of additional physicians to ensure immediate care for injured patients. All ED physicians must have successfully completed ATLS at least once. Physicians who are not board-certified in emergency medicine who work in the ED must be current in ATLS.

a. Documentation required:

- i. Copies of past three (3) months emergency medicine physician call roster, include names of providers if initials are used on call calendar.
- ii. Complete ED physician spreadsheet provided by the ISDH Designation Subcommittee.
- iii. ED Liaison CV.
- iv. Copies of ATLS cards for each ED physician.

## Evidence

- i. October – December ED physician schedule
- ii. ED physician spreadsheet
- iii. Chris Hartman, MD CV – ED Liaison
- iv. Copies of ATLS cards
  - a. Antoine
  - b. Austgen
  - c. Bagwell
  - d. Beeson
  - e. Blank
  - f. Boha
  - g. Bonney
  - h. J. Brown
  - i. M. Brown
  - j. Debikey
  - k. Dickinson
  - l. Dillman
  - m. Ernsting
  - n. G. Godfrey
  - o. J. Godfrey
  - p. Halt
  - q. B. Hartman
  - r. C. Hartman
  - s. Heskett
  - t. Johnston
  - u. Kreuter
  - v. Levitin
  - w. McDaniel
  - x. Russell
  - y. Stern
  - z. Tasker
  - aa. Todd
  - bb. Zachar



## EPI - PHYSICIAN SCHEDULE

December - 2019

Indy

*ED  
physicians*

 Printed  
On  
Nov  
26,  
2019

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
MV ER (No Shifts) NOW ED 8am - 4pm Dan Debikey 10am - 6pm Mike Brown 4pm - 12am Tricia Kreuter 6pm - 2am Brian Johnston South 7am - 3pm Jim Beeson 11am - 7pm Jordan Brown 3pm - 12am Chris Hartman 7pm - 3am Dave Blank 11:59pm - 8am Todd Bagwell South Fast Track (No Shifts) Z Scribes (No Shifts) pa (No Shifts)	MV ER (No Shifts) NOW ED 8am - 4pm Ross Heskett 10am - 6pm Howard Levitin 4pm - 12am Jim Beeson 6pm - 2am Dave Blank South 7am - 3pm Mike Russell 11am - 7pm Jordan Brown 3pm - 12am Kelly Halt 7pm - 3am Brian Hartman 11:59pm - 8am Tricia Kreuter South Fast Track (No Shifts) Z Scribes (No Shifts) pa (No Shifts)	MV ER (No Shifts) NOW ED 8am - 4pm Ross Heskett 10am - 6pm Howard Levitin 4pm - 12am Brian Johnston 6pm - 2am Dave Blank South 7am - 3pm Mike Russell 11am - 7pm Chris Hartman 3pm - 12am Kelly Halt 7pm - 3am Brian Hartman 11:59pm - 8am Tricia Kreuter South Fast Track (No Shifts) Z Scribes (No Shifts) pa (No Shifts)	MV ER (No Shifts) NOW ED 8am - 4pm Robert Austgen 10am - 6pm Jim Beeson 4pm - 12am Kris Ernsting 6pm - 2am Dave Blank South 7am - 3pm Mike Russell 11am - 7pm Chris Hartman 3pm - 12am Steve Boha 7pm - 3am Brian Hartman 11:59pm - 8am Tricia Kreuter South Fast Track (No Shifts) Z Scribes (No Shifts) pa (No Shifts)	MV ER (No Shifts) NOW ED 8am - 4pm Robert Austgen 10am - 6pm Jim Beeson 4pm - 12am Art Stern 6pm - 2am Brian Johnston South 7am - 3pm Dee Bonney 11am - 7pm Chris Hartman 3pm - 12am Steve Boha 7pm - 3am Brian Hartman 11:59pm - 8am Todd Bagwell South Fast Track (No Shifts) Z Scribes (No Shifts) pa (No Shifts)	MV ER (No Shifts) NOW ED 8am - 4pm Kelly Halt 10am - 6pm Ross Heskett 4pm - 12am Kris Ernsting 6pm - 2am Dan Debikey South 7am - 3pm Dee Bonney 11am - 7pm Mike Russell 3pm - 12am Jacob Dickinson 7pm - 3am Scott McDaniel 11:59pm - 8am Ben Z Zachar South Fast Track (No Shifts) Z Scribes (No Shifts) pa (No Shifts)	MV ER (No Shifts) NOW ED 8am - 4pm Jean Godfrey 10am - 6pm Brian Dillman 4pm - 12am Kris Ernsting 6pm - 2am Dan Debikey South 7am - 3pm Howard Levitin 11am - 7pm Mike Russell 3pm - 12am Jacob Dickinson 7pm - 3am Scott McDaniel 11:59pm - 8am Ben Z Zachar South Fast Track (No Shifts) Z Scribes (No Shifts) pa (No Shifts)
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ED  
physicians  
12/2019

11/26/2019

<https://www4.whentowork.com/cgi-bin/w2wD.dll/mgrschedmonthprint.htm?SID=140223897740B7>

Art Stern South Fast Track (No Shifts) Z Scribes (No Shifts) pa (No Shifts)	Todd Bagwell South Fast Track (No Shifts) Z Scribes (No Shifts) pa (No Shifts)	Todd Bagwell South Fast Track (No Shifts) Z Scribes (No Shifts) pa (No Shifts)				
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Gray background indicates unpublished day

ED  
Physicians  
12/2019



## EPI - PHYSICIAN SCHEDULE

November - 2019

Indy

*ED  
Physicians*

 Printed  
 On  
 Nov  
 21,  
 2019

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					<b>1</b>	<b>2</b>
					MV ER (No Shifts) NOW ED 8am - 4pm Jean Godfrey 10am - 6pm Randy Todd 4pm - 12am Jacob Dickinson 6pm - 2am Jim Beeson South 7am - 3pm Dee Bonney 11am - 7pm Steve Boha 3pm - 12am Robert Austgen 7pm - 3am Dan Debikey 11:59pm - 8am Scott McDaniel South Fast Track (No Shifts) Z Scribes (No Shifts) pa (No Shifts)	MV ER (No Shifts) NOW ED 8am - 4pm Jean Godfrey 10am - 6pm Brian Dillman 4pm - 12am Brian Johnston 6pm - 2am Robert Austgen South 7am - 3pm Dee Bonney 11am - 7pm Steve Boha 3pm - 12am Jim Beeson 7pm - 3am Dan Debikey 11:59pm - 8am Scott McDaniel South Fast Track (No Shifts) Z Scribes (No Shifts) pa (No Shifts)
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MV ER (No Shifts) NOW ED 8am - 4pm Jean Godfrey 10am - 6pm Brian Dillman 4pm - 12am Brian Johnston 6pm - 2am Jim Beeson South 7am - 3pm Howard Levitin 11am - 7pm Steve Boha 3pm - 12am Robert Austgen 7pm - 3am Dan Debikey 11:59pm - 8am Scott McDaniel South Fast Track (No Shifts) Z Scribes (No Shifts) pa (No Shifts)	MV ER (No Shifts) NOW ED 8am - 4pm Jacob Dickinson 10am - 6pm Ross Heskett 4pm - 12am Dee Bonney 6pm - 2am Mike Russell South 7am - 3pm Gerald Godfrey 11am - 7pm Tricia Kreuter 3pm - 12am Kelly Halt 7pm - 3am Brian Hartman 11:59pm - 8am Todd Bagwell South Fast Track (No Shifts) Z Scribes (No Shifts) pa (No Shifts)	MV ER (No Shifts) NOW ED 8am - 4pm Gerald Godfrey 10am - 6pm Jean Godfrey 4pm - 12am Ross Heskett 6pm - 2am Dee Bonney South 7am - 3pm Jacob Dickinson 11am - 7pm Tricia Kreuter 3pm - 12am Kelly Halt 7pm - 3am Brian Hartman 11:59pm - 8am Todd Bagwell South Fast Track (No Shifts) Z Scribes (No Shifts) pa (No Shifts)	MV ER (No Shifts) NOW ED 8am - 4pm Mike Russell 10am - 6pm Art Stern 4pm - 12am Kelly Halt 6pm - 2am Steve Boha South 7am - 3pm Gerald Godfrey 11am - 7pm Robert Austgen 3pm - 12am Jim Beeson 7pm - 3am Brian Hartman 11:59pm - 8am Todd Bagwell South Fast Track (No Shifts) Z Scribes (No Shifts) pa (No Shifts)	MV ER (No Shifts) NOW ED 8am - 4pm Jacob Dickinson 10am - 6pm Art Stern 4pm - 12am Brian Johnston 6pm - 2am Steve Boha South 7am - 3pm Jordan Brown 11am - 7pm Robert Austgen 3pm - 12am Jim Beeson 7pm - 3am Brian Hartman 11:59pm - 8am Todd Bagwell South Fast Track (No Shifts) Z Scribes (No Shifts) pa (No Shifts)	MV ER (No Shifts) NOW ED 8am - 4pm Mike Russell 10am - 6pm Robert Austgen 4pm - 12am Mike Brown 6pm - 2am Brian Johnston South 7am - 3pm Ross Heskett 11am - 7pm Kelly Halt 3pm - 12am Chris Hartman 7pm - 3am Dave Blank 11:59pm - 8am Ben Z Zachar South Fast Track (No Shifts) Z Scribes (No Shifts) pa (No Shifts)	MV ER (No Shifts) NOW ED 8am - 4pm Mike Russell 10am - 6pm Kelly Halt 4pm - 12am Scott Antoine 6pm - 2am Mike Brown South 7am - 3pm Ross Heskett 11am - 7pm Jordan Brown 3pm - 12am Chris Hartman 7pm - 3am Dave Blank 11:59pm - 8am Ben Z Zachar South Fast Track (No Shifts) Z Scribes (No Shifts) pa (No Shifts)
<b>10</b>	<b>11</b>	<b>12</b>	<b>13</b>	<b>14</b>	<b>15</b>	<b>16</b>
MV ER (No Shifts)	MV ER (No Shifts)	MV ER (No Shifts)	MV ER (No Shifts)	MV ER (No Shifts)	MV ER (No Shifts)	MV ER (No Shifts)

<p>NOW ED</p> <p>8am - 4pm Mike Russell</p> <p>10am - 6pm Kelly Halt</p> <p>4pm - 12am Scott Antoine</p> <p>6pm - 2am Mike Brown South</p> <p>7am - 3pm Ross Heskett</p> <p>11am - 7pm Jordan Brown</p> <p>3pm - 12am Chris Hartman</p> <p>7pm - 3am Dave Blank</p> <p>11:59pm - 8am Ben Z Zachar South Fast Track (No Shifts)</p> <p>Z Scribes (No Shifts)</p> <p>pa (No Shifts)</p>	<p>NOW ED</p> <p>8am - 4pm Dee Bonney</p> <p>10am - 6pm Dan Debikey</p> <p>4pm - 12am Kelly Halt</p> <p>6pm - 10pm Kris Ernsting</p> <p>10pm - 2am Brian Hartman South</p> <p>7am - 3pm Art Stern</p> <p>11am - 7pm Scott Antoine</p> <p>3pm - 12am Steve Boha</p> <p>7pm - 3am Steve Boha</p> <p>7pm - 3am Dave Blank</p> <p>11:59pm - 8am Scott McDaniel South Fast Track (No Shifts)</p> <p>Z Scribes (No Shifts)</p> <p>pa (No Shifts)</p>	<p>NOW ED</p> <p>8am - 4pm Dee Bonney</p> <p>10am - 6pm Dan Debikey</p> <p>4pm - 12am Kelly Halt</p> <p>6pm - 2am Brian Johnston South</p> <p>7am - 3pm Art Stern</p> <p>11am - 7pm Scott Antoine</p> <p>3pm - 12am Steve Boha</p> <p>7pm - 3am Dave Blank</p> <p>11:59pm - 8am Scott McDaniel South Fast Track (No Shifts)</p> <p>Z Scribes (No Shifts)</p> <p>pa (No Shifts)</p>	<p>NOW ED</p> <p>8am - 4pm Dee Bonney</p> <p>10am - 6pm Jim Beeson</p> <p>4pm - 12am Ross Heskett</p> <p>6pm - 2am Robert Austgen South</p> <p>7am - 3pm Art Stern</p> <p>11am - 7pm Tricia Kreuter</p> <p>3pm - 12am Jacob Dickinson</p> <p>7pm - 3am Dave Blank</p> <p>11:59pm - 8am Scott McDaniel South Fast Track (No Shifts)</p> <p>Z Scribes (No Shifts)</p> <p>pa (No Shifts)</p>	<p>NOW ED</p> <p>8am - 4pm Mike Brown</p> <p>10am - 6pm Gerald Godfrey</p> <p>4pm - 12am Ross Heskett</p> <p>6pm - 2am Robert Austgen South</p> <p>7am - 3pm Jim Beeson</p> <p>11am - 7pm Tricia Kreuter</p> <p>3pm - 12am Jacob Dickinson</p> <p>7pm - 3am Dave Blank</p> <p>11:59pm - 8am Scott McDaniel South Fast Track (No Shifts)</p> <p>Z Scribes (No Shifts)</p> <p>pa (No Shifts)</p>	<p>NOW ED</p> <p>8am - 4pm Kris Ernsting</p> <p>10am - 6pm Art Stern</p> <p>4pm - 12am Dan Debikey</p> <p>6pm - 2am Brian Johnston South</p> <p>7am - 3pm Jim Beeson</p> <p>11am - 7pm Brian Hartman</p> <p>3pm - 12am Howard Levitin</p> <p>7pm - 3am Mike Russell</p> <p>11:59pm - 8am Nicole Tasker South Fast Track (No Shifts)</p> <p>Z Scribes (No Shifts)</p> <p>pa (No Shifts)</p>	<p>NOW ED</p> <p>8am - 4pm Kris Ernsting</p> <p>10am - 6pm Art Stern</p> <p>4pm - 12am Dan Debikey</p> <p>6pm - 2am Brian Johnston South</p> <p>7am - 3pm Steve Boha</p> <p>11am - 7pm Brian Hartman</p> <p>3pm - 12am Howard Levitin</p> <p>7pm - 3am Mike Russell</p> <p>11:59pm - 8am Nicole Tasker South Fast Track (No Shifts)</p> <p>Z Scribes (No Shifts)</p> <p>pa (No Shifts)</p>
17	18	19	20	21	22	23
<p>MV ER (No Shifts)</p> <p>NOW ED</p> <p>8am - 4pm Kris Ernsting</p> <p>10am - 6pm Art Stern</p> <p>4pm - 12am Dan Debikey</p> <p>6pm - 2am Brian Johnston South</p> <p>7am - 3pm Steve Boha</p> <p>11am - 7pm Brian Hartman</p> <p>3pm - 12am Howard Levitin</p> <p>7pm - 3am Ben Z Zachar</p> <p>11:59pm - 8am Nicole Tasker South Fast Track (No Shifts)</p> <p>Z Scribes (No Shifts)</p> <p>pa (No Shifts)</p>	<p>MV ER (No Shifts)</p> <p>NOW ED</p> <p>8am - 4pm Mike Brown</p> <p>10am - 6pm Mike Russell</p> <p>4pm - 12am Gerald Godfrey</p> <p>6pm - 2am Art Stern South</p> <p>7am - 3pm Chris Hartman</p> <p>11am - 7pm Jean Godfrey</p> <p>3pm - 12am Tricia Kreuter</p> <p>7pm - 3am Brian Hartman</p> <p>11:59pm - 8am Ben Z Zachar South Fast Track (No Shifts)</p> <p>Z Scribes (No Shifts)</p> <p>pa (No Shifts)</p>	<p>MV ER (No Shifts)</p> <p>NOW ED</p> <p>8am - 4pm Dan Debikey</p> <p>10am - 6pm Jacob Dickinson</p> <p>4pm - 12am Jim Beeson</p> <p>6pm - 2am Art Stern South</p> <p>7am - 3pm Chris Hartman</p> <p>11am - 7pm Howard Levitin</p> <p>3pm - 12am Tricia Kreuter</p> <p>7pm - 3am Brian Hartman</p> <p>11:59pm - 8am Ben Z Zachar South Fast Track (No Shifts)</p> <p>Z Scribes (No Shifts)</p> <p>pa (No Shifts)</p>	<p>MV ER (No Shifts)</p> <p>NOW ED</p> <p>8am - 4pm Dan Debikey</p> <p>10am - 6pm Jacob Dickinson</p> <p>4pm - 12am Steve Boha</p> <p>6pm - 2am Kris Ernsting South</p> <p>7am - 3pm Chris Hartman</p> <p>11am - 7pm Howard Levitin</p> <p>3pm - 12am Dee Bonney</p> <p>7pm - 3am Brian Hartman</p> <p>11:59pm - 8am Ben Z Zachar South Fast Track (No Shifts)</p> <p>Z Scribes (No Shifts)</p> <p>pa (No Shifts)</p>	<p>MV ER (No Shifts)</p> <p>NOW ED</p> <p>8am - 4pm Mike Brown</p> <p>10am - 6pm Jim Beeson</p> <p>4pm - 12am Steve Boha</p> <p>6pm - 2am Kris Ernsting South</p> <p>7am - 3pm Jordan Brown</p> <p>11am - 7pm Howard Levitin</p> <p>3pm - 12am Dee Bonney</p> <p>7pm - 3am Brian Hartman</p> <p>11:59pm - 8am Ben Z Zachar South Fast Track (No Shifts)</p> <p>Z Scribes (No Shifts)</p> <p>pa (No Shifts)</p>	<p>MV ER (No Shifts)</p> <p>NOW ED</p> <p>8am - 4pm Ross Heskett</p> <p>10am - 6pm Brian Johnston</p> <p>4pm - 12am Jacob Dickinson</p> <p>6pm - 2am Robert Austgen South</p> <p>7am - 3pm Tricia Kreuter</p> <p>11am - 7pm Jim Beeson</p> <p>3pm - 12am Chris Hartman</p> <p>7pm - 3am Dave Blank</p> <p>11:59pm - 8am Todd Bagwell South Fast Track (No Shifts)</p> <p>Z Scribes (No Shifts)</p> <p>pa (No Shifts)</p>	<p>MV ER (No Shifts)</p> <p>NOW ED</p> <p>8am - 4pm Ross Heskett</p> <p>10am - 6pm Brian Johnston</p> <p>4pm - 12am Jacob Dickinson</p> <p>6pm - 2am Robert Austgen South</p> <p>7am - 3pm Tricia Kreuter</p> <p>11am - 7pm Jim Beeson</p> <p>3pm - 12am Chris Hartman</p> <p>7pm - 3am Dave Blank</p> <p>11:59pm - 8am Todd Bagwell South Fast Track (No Shifts)</p> <p>Z Scribes (No Shifts)</p> <p>pa (No Shifts)</p>
24	25	26	27	28	29	30
<p>MV ER (No Shifts)</p> <p>NOW ED</p> <p>8am - 4pm Ross Heskett</p> <p>10am - 6pm Brian Johnston</p> <p>4pm - 12am Jacob Dickinson</p> <p>6pm - 2am Robert Austgen South</p> <p>7am - 3pm Tricia Kreuter</p> <p>11am - 7pm Jim Beeson</p> <p>3pm - 12am Chris Hartman</p> <p>7pm - 3am</p>	<p>MV ER (No Shifts)</p> <p>NOW ED</p> <p>8am - 4pm Brian Johnston</p> <p>10am - 6pm Scott McDaniel</p> <p>4pm - 12am Art Stern</p> <p>6pm - 2am Dan Debikey South</p> <p>7am - 3pm Jordan Brown</p> <p>11am - 7pm Mike Russell</p> <p>3pm - 12am Dee Bonney</p> <p>7pm - 3am</p>	<p>MV ER (No Shifts)</p> <p>NOW ED</p> <p>8am - 4pm Brian Johnston</p> <p>10am - 6pm Scott McDaniel</p> <p>4pm - 12am Jim Beeson</p> <p>6pm - 2am Dan Debikey South</p> <p>7am - 3pm Jordan Brown</p> <p>11am - 7pm Mike Russell</p> <p>3pm - 12am Dee Bonney</p> <p>7pm - 3am</p>	<p>MV ER (No Shifts)</p> <p>NOW ED</p> <p>8am - 4pm Brian Johnston</p> <p>10am - 6pm Tricia Kreuter</p> <p>4pm - 12am Dan Debikey</p> <p>6pm - 2am Jacob Dickinson South</p> <p>7am - 3pm Jordan Brown</p> <p>11am - 7pm Chris Hartman</p> <p>3pm - 12am Brian Hartman</p> <p>7pm - 3am</p>	<p>MV ER (No Shifts)</p> <p>NOW ED</p> <p>8am - 4pm Dee Bonney</p> <p>10am - 6pm Mike Russell</p> <p>4pm - 12am Art Stern</p> <p>6pm - 2am Brian Hartman South</p> <p>7am - 3pm Steve Boha</p> <p>11am - 7pm Gerald Godfrey</p> <p>3pm - 12am Scott McDaniel</p> <p>7pm - 3am</p>	<p>MV ER (No Shifts)</p> <p>NOW ED</p> <p>8am - 4pm Dee Bonney</p> <p>10am - 6pm Mike Russell</p> <p>4pm - 12am Art Stern</p> <p>6pm - 2am Brian Hartman South</p> <p>7am - 3pm Steve Boha</p> <p>11am - 7pm Gerald Godfrey</p> <p>3pm - 12am Scott McDaniel</p> <p>7pm - 3am</p>	<p>MV ER (No Shifts)</p> <p>NOW ED</p> <p>8am - 4pm Mike Brown</p> <p>10am - 6pm Dan Debikey</p> <p>4pm - 12am Tricia Kreuter</p> <p>6pm - 2am Brian Johnston South</p> <p>7am - 3pm Jim Beeson</p> <p>11am - 7pm Jordan Brown</p> <p>3pm - 12am Chris Hartman</p> <p>7pm - 3am</p>



## EPI - PHYSICIAN SCHEDULE

October - 2019

Indy  
Now/Core*ED  
Physicians*Printed  
On  
Oct  
18,  
2019

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
		1	2	3	4	5
		NOW ED 8am - 4pm Howard Levitin 10am - 6pm Dan Debikey 4pm - 12am Dee Bonney 6pm - 2am Steve Boha South 7am - 3pm Jordan Brown 11am - 7pm Ross Heskett 3pm - 12am Brian Hartman 7pm - 3am Dave Blank 11:59pm - 8am Nicole Tasker	NOW ED 8am - 4pm Brian Johnston 10am - 6pm Robert Austgen 4pm - 12am Tricia Kreuter 6pm - 2am Kelly Halt South 7am - 3pm Jordan Brown 11am - 7pm Chris Hartman 3pm - 12am Brian Hartman 7pm - 3am Dave Blank 11:59pm - 8am Nicole Tasker	NOW ED 8am - 4pm Jean Godfrey 10am - 6pm Brian Johnston 4pm - 12am Tricia Kreuter 6pm - 2am Kelly Halt South 7am - 3pm Howard Levitin 11am - 7pm Chris Hartman 3pm - 12am Brian Hartman 7pm - 3am Dave Blank 11:59pm - 8am Nicole Tasker	NOW ED 8am - 4pm Steve Boha 10am - 6pm Brian Johnston 4pm - 12am Art Stern 6pm - 2am Ross Heskett South 7am - 3pm Howard Levitin 11am - 7pm Jordan Brown 3pm - 12am Mike Brown 7pm - 3am Ben Z Zachar 11:59pm - 8am Scott McDaniel	NOW ED 8am - 4pm Steve Boha 10am - 6pm Brian Dillman 4pm - 12am Art Stern 6pm - 2am Ross Heskett South 7am - 3pm Howard Levitin 11am - 7pm Chris Hartman 3pm - 12am Jordan Brown 7pm - 3am Ben Z Zachar 11:59pm - 8am Scott McDaniel
6	7	8	9	10	11	12
NOW ED 8am - 4pm Steve Boha 10am - 6pm Brian Dillman 4pm - 12am Art Stern 6pm - 2am Ross Heskett South 7am - 3pm Howard Levitin 11am - 7pm Chris Hartman 3pm - 12am Jordan Brown 7pm - 3am Ben Z Zachar 11:59pm - 8am Scott McDaniel	NOW ED 8am - 4pm Randy Todd 10am - 6pm Mike Brown 4pm - 12am Jean Godfrey 6pm - 2am Jim Beeson South 7am - 3pm Jacob Dickinson 11am - 7pm Brian Hartman 3pm - 12am Gerald Godfrey 7pm - 3am Tricia Kreuter 11:59pm - 8am Todd Bagwell	NOW ED 8am - 4pm Randy Todd 10am - 6pm Dee Bonney 4pm - 12am Jean Godfrey 6pm - 2am Jim Beeson South 7am - 3pm Jacob Dickinson 11am - 7pm Brian Hartman 3pm - 12am Gerald Godfrey 7pm - 3am Tricia Kreuter 11:59pm - 8am Todd Bagwell	NOW ED 8am - 4pm Mike Brown 10am - 6pm Robert Austgen 4pm - 12am Kelly Halt 6pm - 2am Randy Todd South 7am - 3pm Jacob Dickinson 11am - 7pm Ross Heskett 3pm - 12am Dee Bonney 7pm - 3am Chris Hartman 11:59pm - 8am Todd Bagwell	NOW ED 8am - 4pm Mike Brown 10am - 6pm Scott McDaniel 4pm - 12am Kelly Halt 6pm - 2am Randy Todd South 7am - 3pm Jordan Brown 11am - 7pm Ross Heskett 3pm - 12am Dee Bonney 7pm - 3am Chris Hartman 11:59pm - 8am Todd Bagwell	NOW ED 8am - 4pm Art Stern 10am - 6pm Scott McDaniel 4pm - 12am Ross Heskett 6pm - 2am Steve Boha South 7am - 3pm Jordan Brown 11am - 7pm Gerald Godfrey 3pm - 12am Tricia Kreuter 7pm - 3am Dave Blank 11:59pm - 8am Kelly Halt	NOW ED 8am - 4pm Art Stern 10am - 6pm Mike Russell 4pm - 12am Scott Antoine 6pm - 2am Steve Boha South 7am - 3pm Gerald Godfrey 11am - 7pm Jordan Brown 3pm - 12am Tricia Kreuter 7pm - 3am Dave Blank 11:59pm - 8am Kelly Halt
13	14	15	16	17	18	19
NOW ED 8am - 4pm Art Stern 10am - 6pm Mike Russell 4pm - 12am Scott Antoine 6pm - 2am Steve Boha South 7pm - 3am Gerald Godfrey 11am - 7pm Jordan Brown 3pm - 12am Tricia Kreuter 7pm - 3am	NOW ED 8am - 4pm Mike Brown 10am - 6pm Gerald Godfrey 4pm - 12am Kris Ernsting 6pm - 2am Brian Johnston South 7am - 3pm Howard Levitin 11am - 7pm Scott Antoine 3pm - 12am Jim Beeson 7pm - 3am	NOW ED 8am - 4pm Howard Levitin 10am - 6pm Gerald Godfrey 4pm - 12am Dan Debikey 6pm - 2am Brian Johnston South 7am - 3pm Chris Hartman 11am - 7pm Scott Antoine 3pm - 12am Jacob Dickinson 7pm - 3am	NOW ED 8am - 4pm Howard Levitin 10am - 6pm Mike Brown 4pm - 12am Dan Debikey 6pm - 2am Ross Heskett South 7am - 3pm Chris Hartman 11am - 7pm Robert Austgen 3pm - 12am Kelly Halt 7pm - 3am	NOW ED 8am - 4pm Mike Brown 10am - 6pm Brian Johnston 4pm - 12am Kris Ernsting 6pm - 2am Robert Austgen South 7am - 3pm Art Stern 11am - 7pm Kelly Halt 3pm - 12am Ross Heskett 7pm - 3am	NOW ED 8am - 4pm Jim Beeson 10am - 6pm Mike Brown 4pm - 12am Robert Austgen 6pm - 2am Brian Johnston South 7am - 3pm Chris Hartman 11am - 7pm Brian Hartman 3pm - 12am Gerald Godfrey 7pm - 3am	NOW ED 8am - 4pm Jim Beeson 10am - 6pm Jacob Dickinson 4pm - 12am Robert Austgen 6pm - 2am Brian Johnston South 7am - 3pm Chris Hartman 11am - 7pm Brian Hartman 3pm - 12am Jordan Brown 7pm - 3am

Dave Blank 11:59pm - 8am Kelly Halt	Dave Blank 11:59pm - 8am Scott McDaniel	Dave Blank 11:59pm - 8am Scott McDaniel	Jacob Dickinson 11:59pm - 8am Scott McDaniel	Jacob Dickinson 11:59pm - 8am Scott McDaniel	Dave Blank 11:59pm - 8am Nicole Tasker	Dave Blank 11:59pm - 8am Nicole Tasker
<b>20</b>	<b>21</b>	<b>22</b>	<b>23</b>	<b>24</b>	<b>25</b>	<b>26</b>
NOW ED 8am - 4pm Jim Beeson 10am - 6pm Jacob Dickinson 4pm - 12am Robert Austgen 6pm - 2am Brian Johnston South 7am - 3pm Chris Hartman 11am - 7pm Brian Hartman 3pm - 12am Jordan Brown 7pm - 3am Dave Blank 11:59pm - 8am Nicole Tasker	NOW ED 8am - 4pm Kelly Halt 10am - 6pm Tricia Kreuter 4pm - 12am Jim Beeson 6pm - 2am Dave Blank South 7am - 3pm Dee Bonney 11am - 7pm Dan Debikey 3pm - 12am Chris Hartman 7pm - 3am Brian Hartman 11:59pm - 8am Ben Z Zachar	NOW ED 8am - 4pm Kelly Halt 10am - 6pm Tricia Kreuter 4pm - 12am Dan Debikey 6pm - 2am Dave Blank South 7am - 3pm Jim Beeson 11am - 7pm Dee Bonney 3pm - 12am Chris Hartman 7pm - 3am Brian Hartman 11:59pm - 8am Ben Z Zachar	NOW ED 8am - 4pm Kelly Halt 10am - 6pm Kris Ernsting 4pm - 12am Jacob Dickinson 6pm - 2am Dee Bonney South 7am - 3pm Ross Heskett 11am - 7pm Jordan Brown 3pm - 12am Howard Levitin 7pm - 3am Brian Hartman 11:59pm - 8am Ben Z Zachar	NOW ED 8am - 4pm Jean Godfrey 10am - 6pm Mike Brown 4pm - 12am Brian Johnston 6pm - 2am Dee Bonney South 7am - 3pm Ross Heskett 11am - 7pm Jordan Brown 3pm - 12am Howard Levitin 7pm - 3am Brian Hartman 11:59pm - 8am Ben Z Zachar	NOW ED 8am - 4pm Jim Beeson 10am - 6pm Kris Ernsting 4pm - 12am Mike Russell 6pm - 2am Brian Johnston South 7am - 3pm Jacob Dickinson 11am - 7pm Ross Heskett 3pm - 12am Mike Brown 7pm - 3am Gerald Godfrey 11:59pm - 8am Todd Bagwell	NOW ED 8am - 4pm Howard Levitin 10am - 6pm Dan Debikey 4pm - 12am Mike Brown 6pm - 2am Randy Todd South 7am - 3pm Kris Ernsting 11am - 7pm Howard Levitin 3pm - 12am Mike Russell 7pm - 3am Gerald Godfrey 11:59pm - 8am Todd Bagwell
<b>27</b>	<b>28</b>	<b>29</b>	<b>30</b>	<b>31</b>		
NOW ED 8am - 4pm Jean Godfrey 10am - 6pm Dan Debikey 4pm - 12am Mike Brown 6pm - 2am Randy Todd South 7am - 3pm Kris Ernsting 11am - 7pm Howard Levitin 3pm - 12am Mike Russell 7pm - 3am Gerald Godfrey 11:59pm - 8am Todd Bagwell	NOW ED 8am - 4pm Kris Ernsting 10am - 6pm Dan Debikey 4pm - 12am Kelly Halt 6pm - 2am Dee Bonney South 7am - 3pm Steve Boha 11am - 7pm Chris Hartman 3pm - 12am Jordan Brown 7pm - 3am Dave Blank 11:59pm - 8am Nicole Tasker	NOW ED 8am - 4pm Tricia Kreuter 10am - 6pm Mike Russell 4pm - 12am Brian Johnston 6pm - 2am Dee Bonney South 7am - 3pm Steve Boha 11am - 7pm Chris Hartman 3pm - 12am Gerald Godfrey 7pm - 3am Dave Blank 11:59pm - 8am Nicole Tasker	NOW ED 8am - 4pm Tricia Kreuter 10am - 6pm Kelly Halt 4pm - 12am Gerald Godfrey 6pm - 2am Jordan Brown South 7am - 3pm Steve Boha 11am - 7pm Mike Russell 3pm - 12am Chris Hartman 7pm - 3am Dave Blank 11:59pm - 8am Nicole Tasker	NOW ED 8am - 4pm Kris Ernsting 10am - 6pm Kelly Halt 4pm - 12am Brian Johnston 6pm - 2am Jordan Brown South 7am - 3pm Howard Levitin 11am - 7pm Mike Russell 3pm - 12am Chris Hartman 7pm - 3am Dave Blank 11:59pm - 8am Nicole Tasker		

Gray background indicates unpublished day

October 2019  
emergency  
physicians

# Franciscan Health Indianapolis Emergency Physicians

Name	Board Certification	ATLS Status (In=Instructor, P=Provider)	Other
	Type/Expiration	Expiration Date	
Emergency Physicians of Indianapolis			
Scott Antone, DO	ABEM - 12/31/2028	10/18/2008	
Robert A. Austgen, MD	ABEM - 12/31/2023	7/18/2013	
Todd R. Bagwell, MD	ABEM - 12/31/2028	7/16/2008	
James Wilbur Beeson, MD	ABEM - 01/01/2029	11/4/1993	
David T. Blank, DO	AOBEM - 12/31/2029	5/6/1996	
Steven P. Boha, MD	ABEM - 12/31/2026	12/4/1997	
M. Dee Bonney, MD	ABEM - 12/31/2020	3/8/2001	
Jordan Taylor Brown, MD	ABEM - 12/31/2024	6/24/2014	
Michael Brown, MD	ABEM - 12/31/2023	6/26/1995	
Daniel P. Debikey, MD	ABEM - 12/31/2026	4/18/2007	
Jacob John Dickinson, MD	ABEM - 12/31/2026	4/15/2017	
Brian Scott Dillman, MD	ABEM - 12/31/2025	2/14/2005	
Kristen Ernsting	ABEM - 12/31/2020	9/25/2019	
Gerald W. Godfrey, MD	ABEM - 12-31-2022	10/23/2008	
Jean Walker Godfrey, MD	ABEM - 12/31/2022	3/10/2008	
Kelly Halt, MD	ABEM Eligible 12/31/2024	7/15/2020	
Brian Hartman, MD	ABEM - 12/31/2028	8/15/2008	
Chris J. Hartman, MD	ABEM - 12/31/2025	10/31/1996	RTTDC 3/20/2015
Ross Heskett, MD	ABEM - 12/31/2027	7/19/2017	
Brian Thomas Johnston, MD	ABEM - 12/31/2023	7/26/1995	
Tricia Kreuter, MD	ABEM - 12/31/2029	4/24/2019	
Howard Levitin, MD	ABEM - 12/31/2021	9/25/2019	
Winfield Scott McDaniel, MD	ABEM - 12/31/2027	7/11/1999	
Michael Russell, MD	ABEM - 12/31/2020	9/25/2019	
Arthur Stern, MD	ABEM - 12/31/2027	9/25/2019	
Nicole Tasker, MD	ABEM Eligible 12/31/2023	6/19/2019	
Randall Todd, MD	ABEM - 12/31/2028	4/24/2019	
Benjamin Zachar, DO	ABEM - 12/31/2029	12/14/2015	

## **Chris J. Hartman, MD, FACEP**

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### **MEDICAL EDUCATION**

**Emergency Medicine Residency, *Carolinas Medical Center***  
Charlotte, North Carolina  
July 1992-June 1995

**Doctor of Medicine, *Indiana University School of Medicine***  
Indianapolis, Indiana  
August 1988-May 1992

**Bachelor of Science, *Purdue University***  
West Lafayette, Indiana  
Major: Biology  
August 1985-May 1988

**Emergency Paramedic, *Home Hospital***  
Lafayette, Indiana  
October 1987-November 1988

### **Honors/Awards**

Three Year Undergraduate Medical School Matriculation  
Dr. and Mrs. English Academic Fellow Scholarship  
Phi Beta Kappa Honor Society  
Phi Beta Sigma Honor Fraternity  
Dean's List, 1985-1988  
Eagle Scout Award

### **EXPERIENCE**

State Trauma Advisory Board Member, IN (2010-present)  
Indiana Trauma Task Force, (2004-present)  
MADD, Indiana State Advisory Council, IN (2005-2007)  
Emergency Physician, Emergency Physicians of Indianapolis, PC, Franciscan St. Francis Health, Indianapolis, IN (1995-present)  
Emergency Physician, Piedmont Medical Center, Rockhill, SC (1993-1995)  
Emergency Physician, Riverview Urgent Care Center, Rockhill, SC (1993-1995)  
SAEM Disaster Task Force, EMRA Representative  
Education Committee, EM Residency, Carolinas Medical Center, Charlotte, NC  
Teaching Assistant, Purdue University Biology Department, West Lafayette,



## **Indiana**

### **EMS EXPERIENCE**

Flight Physician, MedCenter Air, Carolinas Medical Center, Charlotte, NC  
Home-Responding Physician, Mint Hill Fire Department, Mint Hill, NC  
Volunteer Paramedic, Wayne Township Fire Department, Indianapolis, IN  
Paramedic, Aid Ambulance Company, Indianapolis, IN  
Volunteer Paramedic, Osolo Township EMS, Elkhart, IN  
EMT, McGann Ambulance Service, South Bend, IN

#### **Events**

Indiana Special Olympics, Volunteer EMT  
International Special Olympics, Volunteer EMT  
Pan Am Games, Volunteer EMT  
Indianapolis 500/Brickyard 400, Physician

#### **Teaching**

In-Field Paramedic Preceptor, Methodist Hospital of Indiana, Indpls, IN  
Didactic Paramedic Instructor, Methodist Hospital of Indiana, Indpls, IN

#### **Administration**

Medical Advisor, Mint Hill Fire and EMS, Mint Hill, NC  
Medical Advisor, Idlewild Fire Department, Charlotte, NC  
Mecklenburg County EMS Audit and Review Committee Member,  
Charlotte, NC  
State Medical Director, International Trauma Life Support of Indiana (1998-  
Present)

### **PROFESSIONAL MEMBERSHIPS**

American College of Emergency Physicians, Indiana Chapter  
Board of Directors (1998-present)  
Chairman, EMS committee (1999-2003)  
Secretary/Treasurer (2002)  
President-Elect (2003)  
President (2004)  
Immediate Past President (2005)  
American Board of Emergency Medicine

### **PROFESSIONAL LICENSURE**

Indiana -  
Diplomate, National Board of Medical Examiners  
Diplomate, American Board of Emergency Medicine

**American College of Surgeons  
ATLS® Person History Report**

Date: 09/16/2014  
Time: 02:59:32

**Confidential**

Person Specialty: E

ATLS ID: Scott Aultman, MD  
Name:  
Address:  
Phone:

*Aultman*

Detail History										
Serial Number	Begin Date	End Date	Site Name	Location	Role	Lecture Skill	Teaching Credit	Instructor Potential	Course Completion	Exp Date
22985-P	10/17/2002	10/18/2002	University of Louisville Hosp.	Louisville, KY	Doctor		No	No	Successful	10/18/2006
15817-SR	05/07/1998	05/07/1998	PA College of Osteo Medicine	Philadelphia, PA	Student		No	No	Successful	05/07/2002
9451-P	05/04/1994	05/05/1994	Albert Einstein Medical Center	Philadelphia, PA	Student		No	No	Successful	05/05/1998

Total: 3

Date: 09/18/2014  
Time: 02:29:22

Confidential

**Person Specialty: E**

## Robert Ausgren

ATLS ID:	Name:	Address:
----------	-------	----------

## Index

Quotgen

Detail History										
Serial Number	Begin Date	End Date	Site Name	Location	Role	Lecture Skill	Teaching Credit	Instructor Potential	Course Completion	Exp Date
34154-PSR	07/17/2009	07/18/2009	Indiana University Health Methodist Hospital	Indianapolis, IN	Resident		No	No	Successful	07/18/2013

**Total 1**

Date: 09/16/2014  
Time: 02:30:19

**Confidential**

## Methods used

bagwell

**DR. JAMES M. ROBERTS**

**Prima:**

Serial Number	Begin Date	End Date	Site Name	Detail History				Course Completion	Exp Date
				Location	Role	Lecture Skill	Teaching Instructor Credit		
78159-PSR	07/15/2004	07/16/2004	Indiana University Health Methodist Hospital	Indiana, IN	Resident		Na	Yes	07/16/2008

Total: 1

American College of Surgeons  
ATLS® Person History Report

Date: 11/20/2018  
Time: 07:15:59

Confidential

Person Specialty: E

James W. Besson, MD

ATLS ID:  
Name:  
Address:

*Besson*

Phone:

Detail History

Serial Number	Begin Date	End Date	Site Name	Location	Role	Lecture	Skill Credit	Teaching Instructor	Potential Completion	Course	Exp Date
5414798	11/03/1993	11/04/1993	Indiana University Health Methodist Hospital	Indianapolis, IN	Surgeon				No	Successful	11/04/1993

Total

American College of Surgeons  
ATLS® Person History Report

Date: 09/20/2014  
Time: 09:27:56

Confidential

Person Specialty: SR

ATLS ID: Dave Bank, MD

Name: Blank

Address:

Phone:

Detail History												
Serial Number	Begin Date	End Date	Site Name	Location	Role	Lecture		Teaching		Instructor Potential	Course Completion	Exp Date
						Skill	Credit	No	No			
3167-P/SR	05/15/1992	05/16/1992	St. Joseph's Medical Center	South Bend, IN	Student					No	Succarful	05/18/1995

Total: 1

American College of Surgeons  
ATLS® Person History Report

Date: 06/25/2014  
Time: 03:57:28

Confidential

Person Specialty: SR

Sтивен P. Бейн, MD

*Bohn*

ATLS ID:  
Name:  
Address:

Phone:

Detail History

Serial Number	Begin Date	End Date	Site Name	Location	Role	Lecture Skill	Teaching Instructor Credit	Potential Completion	Course	Exp Date
5340-PSR	12/03/1993	12/04/1993	Indiana University Health Methodist Hospital	Indianapolis, IN	Student		No	No	Successful	12/04/1997

Total: 1

American College of Surgeons  
ATLS® Person History Report

Date: 09/02/2014  
Time: 09:26:42

Confidential

Person Specialty: P

*Bonney*

M. Dee Bonney, Jr., MD

ATLS ID:  
Name:  
Address:

Phone:

Detail History

Serial Number	Begin Date	End Date	Site Name	Location	Role	Lecture Skill	Teaching Instructor Credit	Course Potential Completion	Exp Date
15995-P	03/27/1987	03/26/1987	Indiana University Health Methodist Hospital	Indianapolis, IN	Student		No	No	03/02/2001

Total: 1





## Jordan Brown

is recognized as having successfully completed the ATLS® Course for Doctors according to the standards established by the ACS Committee on Trauma.

*Signature*  
Karee Briscoe, MD, FACS  
FACS  
ACS Chairperson,  
State/Provincial  
Committee on Trauma

ATLS Course Director

Date of Issue: 06/24/2010

Date of Expiration: 06/24/2014



American College of Surgeons  
ATLS® Person History Report

Date: 09/20/2014  
Time: 11:22:19

Confidential

Person Specialty: SR

*M. Brown*

Michael Brown, MD

ATLS ID:  
Name:  
Address:

Phone:

Detail History									
Serial Number	Begin Date	End Date	Site Name	Location	Role	Lecture Skill	Teaching Instructor Potential	Course Completion	Exp Date
7235-P/SR	06/24/1991	08/25/1991	Medical College of Wisconsin	Milwaukee, WI	Student		No	Successful	06/26/1995

Total: 1

American College of Surgeons  
ATLS® Person History Report

Date: 09/18/2014  
Time: 02:35:29

Confidential

Person Specialty: E

*Debikey*

Daniel Debikey MD

ATLS ID:  
Name:  
Address:

Phone:

Detail History

Serial Number	Begin Date	End Date	Site Name	Location	Role	Lecture	Skill	Teaching Credit	Instructor Potential	Course Completion	Exp Date
24126-PIR	04/7/2003	04/18/2003	Henry Ford Hospital	Detroit, MI	Resident			No	No	Successful	04/18/2007

Total: 1

COMMITTEE ON TRAUMA



AMERICAN COLLEGE OF SURGEONS

**ATLS®**  
ADVANCED TRAUMA LIFE SUPPORT

STUDENT

Jacob Dickinson  
is recognized as having successfully completed the  
ATLS F Course for Doctors according to the standards  
established by the ACS Committee on Trauma  
Issue Date 04/16/2017  
Wayne Vanderhulst MD  
ACS Chairperson  
State/Provincial  
Committee on Trauma  
ATLS Subcommittee  
CS #2230-IVSR  
ATLS  
Chairperson

Jacob Dickinson

Jacob Dickinson

American College of Surgeons  
ATLS® Person History Report

Date: 05/18/2014  
Time: 02:38:11

Confidential

Person Specialty: R

*Dellman*

Brian Dellman, MD

ATLS ID:  
Name:  
Address:

Phone:

Detail History				Teaching, Instructor		Course		Exp Date
Serial Number	Begin Date	End Date	Site Name	Location	Role	Lecture Skill	Potential Completion	
234724	02/19/2001	02/14/2001	Hennepin County Minneapolis, MN	Student	No	Yes	Successful	02/14/2005

Total: 1



Dr. Kristen Ernsting

is recognized as having successfully completed the  
ATLS® Course for Doctors according to the standards  
established by the ACS Committee on Trauma.

Sharon M. Henry, MD, FACS,  
Chair  
Chairperson,  
ATLS Subcommittee

Levin E. Jacobson, MD,  
FACS  
ACS Chairperson,  
State/Provincial  
Committee on Trauma

ATLS Course Director

Date of Issue: 09/25/2015

Date of Expiration: 09/25/2019



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Dr. Kristen Ernsting

is recognized as having successfully completed the  
ATLS® Course for Doctors according to the standards  
established by the ACS Committee on Trauma.

Issue Date: 09/25/2015

Expiration Date: 09/25/2019

Chairperson,  
ATLS Subcommittee

ACS Chairperson, State/Provincial  
Committee on Trauma

CS: 47874-IVSR

Course Director

ATLS ID: 626269

Replacement ATLS cards are available for a \$10 USD fee.

**Confidential**

**3. Funds used**

G. Godfrey

ATLS ID:  
Name:  
Address:

**Phone:**

Detail History										
Serial Number	Begin Date	End Date	Site Name	Location	Role	Lecture Skill	Teaching Credit	Instructor Potential	Course Completion	Exp Date
26317-PI5R	10/22/2004	10/23/2004	Loyola University Medical Center	Maywood, IL	Resident		No	No	Successful	10/23/2008

Total :

American College of Surgeons  
ATLS® Person History Report

Confidential

Date: 09/18/2014  
Time: 02:49:35

Person Specialty: E

*J. Bodfeg*

Juan Country, MD

ATLS ID:  
Name:  
Address:

Phone:

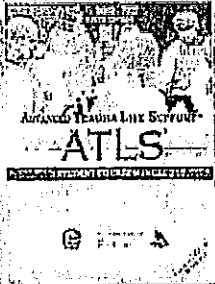
Detail History					
Signal Number	Begin Date	End Date	Site Name	Location	Role
25121-PSR	03/09/2004	03/10/2004	University of Louisiana Hosp.	Louisville, KY	SR Resident
			Teaching Instructor		Course Completion
			Credit	Potential	Exp Date
			No	No	03/10/2008
			Successful		

Total: 1



Kelly Halt

is recognized as having successfully completed the  
ATLS® Course for Doctors according to the standards  
established by the ACS Committee on Trauma.



Sharon M. Henry, MD, FACS, Wayne Vanderkolk, MD  
Chair  
Chairperson, ACS Chairperson,  
ATLS Subcommittee State/Provincial  
Committee on Trauma

ATLS Course Director

Date of Issue: 07/15/2016

Date of Expiration: 07/15/2020



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Kelly Halt

is recognized as having successfully completed the  
ATLS® Course for Doctors according to the standards  
established by the ACS Committee on Trauma.

Issue Date: 07/15/2016

Expiration Date: 07/15/2020

Chairperson,  
ATLS Subcommittee

ACS Chairperson, State/Provincial  
Committee on Trauma

CS-49470-P

Course Director

ATLS ID: 652940

Replacement ATLS cards are available for a \$10 USD fee.



American Association  
of Colleges  
of Podiatric Medicine



American Heart  
Association  
Trauma and Triage

## PALS Provider

Brian Hartman

The card certifies that the above-named individual has successfully completed the training of emergency resuscitation techniques in accordance with the curriculum of the American Heart Association for the Pediatric Advanced Life Support Program.

06/24/08

06/24/08

This certificate is valid for 2 years.

Committee on Trauma  
American College of Surgeons

Brian Hartman, MD

Having successfully completed the ATLS Course for doctors according to the standards established by the ACS Committee on Trauma

06/24/08

3/15/08

Date of Expiration

Date of Expiration

Authorizing ACS State/Provincial

Committee on Trauma

06/24/08

3/15/08

American Heart  
Association

## ACLS Provider

Brian Hartman

The card certifies that the above-named individual has successfully completed the training of emergency resuscitation techniques in accordance with the curriculum of the American Heart Association for the Advanced Life Support Program.

06/24/08

06/24/08

This certificate is valid for 2 years.

American Heart  
Association

## Healthcare Provider

Brian Hartman

The card certifies that the above-named individual has successfully completed the training of emergency resuscitation techniques in accordance with the curriculum of the American Heart Association for the Healthcare Provider - ECLS Advanced Program.

06/24/08

06/24/08

This certificate is valid for 2 years.

This certificate is valid for 2 years.

Brian Hartman

American College of Surgeons  
ATLS® Person History Report

Date: 08/18/2014  
Time: 02:27:20

Confidential

Person Specialty: E

*C. Hartman*

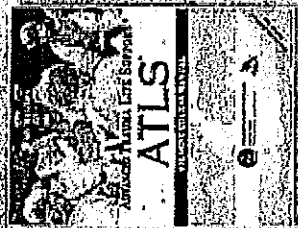
Chris Hartman, MD

ATLS ID:  
Name:  
Address:

Phone:

Serial Number				Detail History				Teaching Instructor				Course		Exp Date	
Serial Number				Site Name				Lecture Skill				Potential Completion		Success	
Serial Number				Location				Role				No		No	
Serial Number				Begin Date				End Date				10/23/1992		10/21/1996	
6407-PSR				Carolina's Medical Center				Charlotte, NC Student							

Total: 1



AMERICAN COLLEGE  
OF SURGEONS  
Raising Quality:  
Higher Standards,  
Better Outcomes

## Ross Heskett

is recognized as having successfully completed the  
ATLS® Course for Doctors according to the standards  
established by the ACS Committee on Trauma.

*Karen Brasel*  
Karen Brasel, MD, FACS

*Lewis E. Jacobson*  
Lewis E. Jacobson, MD,  
FACS

*Chairperson,*  
ACS Chairperson,  
ATLS Subcommittee  
State/Provincial  
Committee on Trauma

*ATLS Course Director*

Date of Issue: 07/19/2013

Date of Expiration: 07/19/2017



Brian Johnston



American Heart Association

Cardiopulmonary  
Resuscitation and  
Emergency  
Cardiac Care

BRIAN JOHNSTON, M.D.

has successfully completed the national cognitive and  
skills examinations in accordance with the Standards of  
the American Heart Association for

ACLS - INSTRUCTOR

05/30/91

Date of Issue

05/30/93

Date of Expiration



American Heart Association

American Academy  
of Pediatrics

Cardiopulmonary  
Resuscitation and  
Emergency  
Cardiac Care

Brian Johnston

has successfully completed the national cognitive and  
skills examination in accordance with the Standards of  
the American Heart Association for

PALS Provider

2/92

Date of Issue

2/94

Date of Expiration



American Heart Association

Cardiopulmonary  
Resuscitation and  
Emergency  
Cardiac Care

BRIAN JOHNSTON, M.D.

has successfully completed the national cognitive and  
skills examinations in accordance with the curriculum  
of the American Heart Association

ADVANCED CARDIAC LIFE SUPPORT

6/29/92

Date of Issue

## STATE MEDICAL BOARD OF OHIO

77 S. High St., Columbus, Ohio 43266-0315

EXPIRATION DATE

09/30/94

IDENTIFICATION NUMBER

1

9

9

2

BRIAN THOMAS JOHNSTON, MD

1

9

9

4

Has met the requirements of the law, is duly registered and entitled  
to practice in The State of Ohio until the expiration date.

AUDIT NUMBER 031578



American Heart Association

Cardiopulmonary  
Resuscitation and  
Emergency  
Cardiac Care

BRIAN JOHNSTON, M.D.

has successfully completed the national cognitive and  
skills examinations in accordance with the curriculum  
of the American Heart Association for

COURSE C: BLS FOR HEALTHCARE PROVIDERS

06/03/92

Date of Issue

06/03/94

Recommended Renewal Date

Committee on Trauma  
American College of Surgeons

Brian Johnston, MD

is recognized as having successfully completed  
the Advanced Trauma Life Support Course  
according to the standards established by the  
ACS Committee on Trauma.

7/26/91

Date of Issue

7/26/95

Date of Expiration

Johnston, MD FACS

Jenny - 4-30-15

COMMITTEE ON TRAUMA | AMERICAN COLLEGE OF SURGEONS



Tricia Holden Kreuter

is recognized as having successfully completed the  
ATLS® Course for Doctors according to the standards  
established by the ACS Committee on Trauma.

Sharon M. Henry, MD, FACS,  
Chair  
Chairperson,  
ATLS Subcommittee

Lewis E. Jacobson, MD,  
FACS  
ACS Chairperson,  
State/Provincial  
Committee on Trauma

*[Signature]*  
ATLS Course Director

Date of Issue: 04/24/2015

Date of Expiration: 04/24/2019



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Improving Quality:  
Setting Standards,  
Improving Outcomes



Tricia Holden Kreuter

is recognized as having successfully completed the  
ATLS® Course for Doctors according to the standards  
established by the ACS Committee on Trauma.

Issue Date: 04/24/2015

Expiration Date: 04/24/2019

*[Signature]*  
Chairperson,  
ATLS Subcommittee

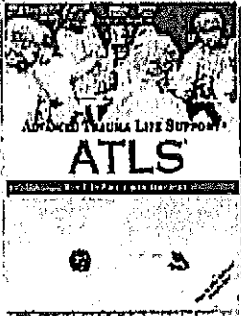
*[Signature]*  
ACS Chairperson, State/Provincial  
Committee on Trauma

CS: 46760-P/SR

*[Signature]*  
Course Director

ATLS ID: 539550

Replacement ATLS cards are available for a \$10 USD fee.



Dr. Howard Levitin

is recognized as having successfully completed the  
ATLS® Course for Doctors according to the standards  
established by the ACS Committee on Trauma.

Sharon M. Henry, MD, FACS,  
Chair  
Chairperson,  
ATLS Subcommittee

Lewis E. Jacobson, MD,  
FACS  
ACS Chairperson,  
State/Provincial  
Committee on Trauma

*[Signature]*  
ATLS Course Director

Date of Issue 09/25/2015

Date of Expiration 09/25/2019



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Dr. Howard Levitin

is recognized as having successfully completed the  
ATLS® Course for Doctors according to the standards  
established by the ACS Committee on Trauma.

Issue Date: 09/25/2015

Expiration Date: 09/25/2019

Chairperson,  
ATLS Subcommittee

ACS Chairperson, State/Provincial  
Committee on Trauma

CS:

Course Director

ATLS ID:

American College of Surgeons  
ATLS® Person History Report

Date: 03/18/2014  
Time: 02:41:40

Confidential

Person Specialty: SR

*McDaniel*

ATLS ID: Scott McDaniel, MD  
Name:  
Address:

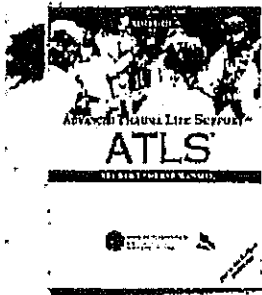
Phone:

Detail History					
Serial Number	Begin Date	End Date	Site Name	Location	Role
11018-P	07/15/1995	07/11/1995	Kennebec County	Minneapolis, MN	Student
			Teaching	Instructor	Course
			Potential	Completion	Exp Date
			No	No	07/11/1995
			Successful		

Total: 1



COMMITTEE ON TRAUMA | AMERICAN COLLEGE OF SURGEONS



Dr. Michael Russell

is recognized as having successfully completed the  
ATLS® Course for Doctors according to the standards  
established by the ACS Committee on Trauma.

Sharon M. Henry, MD, FACS,  
Chair  
Chairperson,  
ATLS Subcommittee

Lewis E. Jacobson, MD,  
FACS  
ACS Chairperson,  
State/Provincial  
Committee on Trauma

*[Signature]*  
ATLS Course Director

Date of Issue: 09/25/2015

Date of Expiration: 09/25/2019



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Setting Standards,  
Better Outcomes



Dr. Michael Russell

is recognized as having successfully completed the  
ATLS® Course for Doctors according to the standards  
established by the ACS Committee on Trauma.

Issue Date: 09/25/2015

Expiration Date: 09/25/2019

*[Signature]*

*[Signature]*

Chairperson,  
ATLS Subcommittee

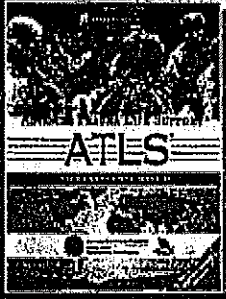
ACS Chairperson, State/Provincial  
Committee on Trauma

CS

*[Signature]*  
Course Director

ATLS ID:

Replacement ATLS cards are available for a \$10 USD fee.



## Dr. Arthur Stern

is recognized as having successfully completed the  
ATLS® Course for Doctors according to the standards  
established by the ACS Committee on Trauma.

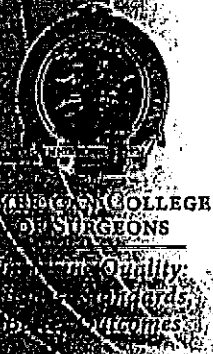
*Sharon M. Henry*  
Sharon M. Henry, MD, FACS,  
Chair  
Chairperson,  
ATLS Subcommittee

*Lewis E. Jacobson*  
Lewis E. Jacobson, MD,  
FACS  
ACS Chairperson,  
State/Provincial  
Committee on Trauma

*[Signature]*  
ATLS Course Director

Date of Issue: 09/25/2015

Date of Expiration: 09/25/2019



### Dr. Arthur Stern

is recognized as having successfully completed the  
ATLS® Course for Doctors according to the standards  
established by the ACS Committee on Trauma.

Issue Date: 09/25/2015

Expiration Date: 09/25/2019

*Sharon M. Henry*

*[Signature]*

Chairperson,  
ATLS Subcommittee

ACS Chairperson, State/Provincial  
Committee on Trauma

CS:

*[Signature]*  
Course Director

ATLS ID:

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COMMITTEE ON TRAUMA | AMERICAN COLLEGE OF SURGEONS

NICOLE TASKER, MD

is recognized as having successfully completed the  
ATLS® Course for Doctors according to the standards  
established by the ACS Committee on Trauma.

Sharon H. Henry, MD, FACS, Chief  
Chairperson,  
ATLS Subcommittee

David Gallman, MD  
ACS Chairperson,  
State/Provincial  
Committee on Trauma

*K.A. McCall*  
ATLS Course Director

Date of Issue: 06/19/2015

Date of Expiration: 06/19/2019



NICOLE TASKER, MD

is recognized as having successfully completed the  
ATLS® Course for Doctors according to the standards  
established by the ACS Committee on Trauma.

Issue Date: 06/19/2015

Expiration Date: 06/19/2019

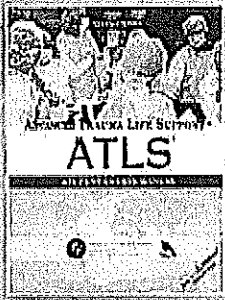
*Sharon H. Henry*  
Chairperson,  
ATLS Subcommittee

*David Gallman*  
ACS Chairperson, State/Provincial  
Committee on Trauma

CS: Course Director

ATLS ID:

Replacement ATLS cards are available for a \$10 USD fee.



Randall Todd

is recognized as having successfully completed the  
ATLS® Course for Doctors according to the standards  
established by the ACS Committee on Trauma.

Sharon M. Henry, MD, FACS,  
Chair  
Chairperson,  
ATLS Subcommittee

Lewis E. Jenkinson, MD,  
FACS  
ACS Chairperson,  
State/Provincial  
Committee on Trauma

*[Signature]*  
ATLS Course Director

Date of Issue: 04/24/2015

Date of Expiration: 04/24/2019



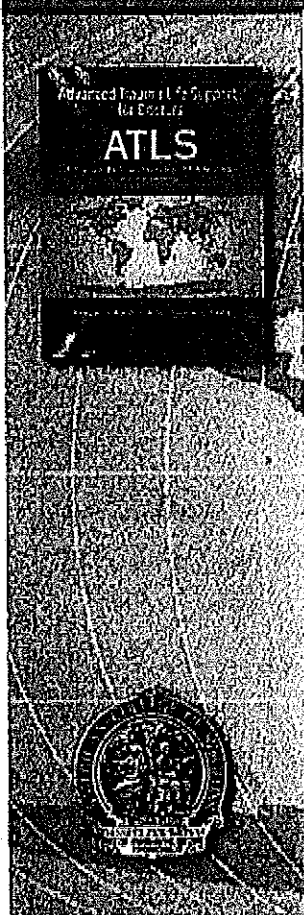
AMERICAN COLLEGE  
OF SURGEONS

Inspiring Quality,  
Highest Standards,  
Better Outcomes



Randall Todd  
is recognized as having successfully completed the  
ATLS® Course for Doctors according to the standards  
established by the ACS Committee on Trauma.  
Issue Date: 04/24/2015      Expiration Date: 04/24/2019  
*[Signature]*      *[Signature]*  
Chairperson,      ACS Chairperson, State/Provincial  
ATLS Subcommittee      Committee on Trauma  
CS:      *[Signature]*      ATLS ID: 1

Replacement ATLS cards are available for a \$10 USD fee.



**Benjamin Zachar, DO**

is recognized as having successfully completed the  
ATLS® Course for Doctors according to the standards  
established by the ACS Committee on Trauma.

*Karen Brasel*

Karen Brasel, MD, FACS  
Chairperson,  
ATLS Subcommittee

Hasan Alam, MD, FACS  
ACS Chairperson,  
State/Provincial  
Committee on Trauma

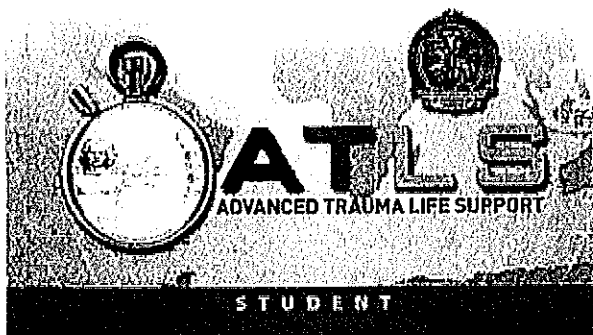
ATLS Course Director

Date of Issue: 12/14/2011

Date of Expiration: 12/14/2015



COMMITTEE ON TRAUMA



Benjamin Zachar, DO

is recognized as having successfully completed the  
ATLS® Course for Doctors according to the standards  
established by the ACS Committee on Trauma.

Issue Date: 12/14/2011

Expiration Date: 12/14/2015

*Karen Brasel*

Hasan Alam, MD, FACS

Chairperson,  
ATLS Subcommittee

ACS Chairperson,  
State/Provincial  
Committee on Trauma

ATLS Course Director

CS:

ATLS ID

Replacement ATLS cards are available for a \$10 USD fee.

# Orthopedic Surgery

**Orthopedic Surgery:** There must be an orthopedic surgeon on call and promptly available twenty-four (24) hours per day. There must also be a written letter of commitment, signed by orthopedic surgeons and the Trauma Medical Director, for this requirement.

a. **Documentation required:**

- i. Copies of past three (3) months orthopedic physician call roster, include names of providers if initials are used on call calendar
- ii. Provide written letter of commitment from orthopedic physicians including signature from all participating orthopedic physicians and Trauma Medical Director.

**Evidence:**

- i. October – December 2019 call roster
- ii. Written letter of commitment

December 2019						
Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1 Amanda Wenger 6p-6a Dr. Slabaugh	2 Cara Van Weelden 7a-7p Jackie Selders 7p-7a (Ortho Only) Dr. Williams	3 Jon Richey 7a-7p Jackie Selders 7p-7a (Ortho Only) Dr. Hogg	4 Cara Van Weelden 7a-12:30p Jon Richey 12:30p-7p Anna Modansky 7p-7a Dr. Slabaugh	5 Cara Van Weelden 7a-7p Anna Modansky 7p-7a Dr. Calloway	6 Jon Richey 7a-7p Amanda Wenger 7p-7a Dr. Feher	7 Amanda Wenger 7p-7a Dr. Feher
8 Amanda Wenger 6p-6a Dr. Feher	9 Cara Van Weelden 7a-7p Jennifer Brower 7p-7a Dr. Laboe	10 Jon Richey 7a-7p Jennifer Brower 7p-7a Dr. Hogg	11 Cara Van Weelden 7a-12:30p Jon Richey 12:30p-7p Jennifer Brower 7p-7a Dr. Slabaugh	12 NO DAY PA Jennifer Brower 7p-7a Dr. Calloway	13 Jon Richey 7a-7p Jennifer Brower 7p-7a Dr. Slabaugh	14 Jennifer Brower 7p-7a Dr. Slabaugh
15 Anna Modansky 7p-7a Dr. Slabaugh	16 Cara Van Weelden 7a-7p Anna Modansky 7p-7a Dr. Feher	17 Jon Richey 7a-7p Anna Modansky 7p-7a Dr. Williams	18 Cara Van Weelden 7a-12:30p Jon Richey 12:30p-7p Anna Modansky 7p-7a Dr. Slabaugh	19 NO DAY PA Anna Modansky 7p-7a Dr. Laboe	20 Jon Richey 7a-7p Anna Modansky 7p-7a Dr. Calloway	21 Anna Modansky 7p-7a Dr. Calloway
22 Jennifer Brower 7p-7a Dr. Calloway	23 Cara Van Weelden 7a-7p Dr. Slabaugh	24 Jon Richey 7a-12p Anna Modansky 7p-7a Dr. Lyon	25 NO DAY PA Anna Modansky 7p-7a Dr. Lyon	26 Cara Van Weelden 7a-7p NO NIGHT PA Dr. Lyon	27 Jon Richey 7a-7p Amanda Wenger 7p-7a Dr. Hogg	28 Amanda Wenger 7p-7a Dr. Hogg
29 Amanda Wenger 6p-6a Dr. Hogg	30 No Day PA Jennifer Brower 7p-7a Dr. Williams	31 Jon Richey 7a-3p Jennifer Brower 7p-7a Dr. Laboe	Notes:			

*Orthopedic Surgeons*

# November 2019

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
					1 Jon Richey 7a-7p	2
3 Dr. Hogg	4 NO DAY PA Jackie Selders 7p-7a (Ortho Only) Dr. Williams	5 Jon Richey 7a-7p Dr. Lyon	6 Cara Van Weelden 7a-12:30p Jon Richey 12:30p-7p Dr. Slabaugh	7 Cara Van Weelden 7a-7p Dr. Lyon	8 Jon Richey 7a-7p Amanda Wenger 7p-7a Dr. Laboe	9 Amanda Wenger 7p-7a Dr. Hogg
10 Amanda Wenger 6p-6a Dr. Laboe	11 Cara Van Weelden 7a-7p Dr. Williams	12 No Day PA Dr. Hogg	13 Cara Van Weelden 7a-12:30p Jon Richey 12:30p-7p Jackie Selders 7p-7a (Ortho only) Dr. Slabaugh	14 Cara Van Weelden 7a-7p Jackie Selders 7p-7a (Ortho Only) Dr. Calloway	15 Jon Richey 7a-7p Amanda Wenger 7p-7a Dr. Feher	16 Amanda Wenger 7p-7a Dr. Feher
17 Amanda Wenger 6p-6a Dr. Feher	18 Cara Van Weelden 7a-4p Jennifer Brower 7p-7a Dr. Williams	19 Jon Richey 7a-7p Jennifer Brower 7p-7a Dr. Hogg	20 Cara Van Weelden 7a-12:30p Jon Richey 12:30p-7p Jennifer Brower 7p-7a Dr. Laboe	21 Cara Van Weelden 7a-7p Jennifer Brower 7p-7a Dr. Calloway	22 Jon Richey 7a-2p Jennifer Brower 7p-7a Dr. Calloway	23 Jennifer Brower 7p-7a Dr. Calloway
24 Jennifer Brower 7p-7a Dr. Calloway	25 Cara Van Weelden 7a-7p Jackie Selders 7p-7a (Ortho Only) Dr. Laboe	26 Jon Richey 7a-7p Jackie Selders 7p-7a (Ortho Only) Dr. Lyon	27 Jon Richey 7a-3p Dr. Slabaugh	28 No DAY PA Dr. Slabaugh	29 NO DAY PA Amanda Wenger 7p-7a Dr. Slabaugh	30 Amanda Wenger 7p-7a Dr. Slabaugh

*Ortho*



Printed Oct 18, 2019 11:15

# October 2019: IN - Orthopedic Specialists (FPN)

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
29	30	1	2	3	4	5
MD for the Day: WILLIAMS, D 07:00-06:59 PA Night Call: BROWER, J 19:00-06:59	MD for the Day: SLABAUGH, G 07:00-06:59 PA Day Call: RICHEY, J 07:00-18:59 PA Night Call: BROWER, J 19:00-06:59	MD for the Day: LABOE, P 07:00-06:59 PA Afternoon Call: RICHEY, J 12:30-19:00 PA Day Call: VAN WEELDEN, C 07:00-12:30 PA Night Call: BROWER, J 19:00-06:59	MD for the Day: WILLIAMS, D 07:00-06:59 PA Day Call: VAN WEELDEN, C 07:00-18:59 PA Night Call: BROWER, J 19:00-06:59	MD for the Day: SLABAUGH, G 07:00-06:59 PA Day Call: RICHEY, J 07:00-18:59 PA Night Call: BROWER, J 19:00-06:59	MD for the Day: SLABAUGH, G 07:00-06:59 PA Night Call: BROWER, J 19:00-06:59	MD for the Day: SLABAUGH, G 07:00-06:59 PA Night Call: BROWER, J 19:00-06:59
6	7	8	9	10	11	12
MD for the Day: SLABAUGH, G 07:00-06:59 PA Night Call: BROWER, J 19:00-06:59	MD for the Day: FEHER, A 07:00-06:59 PA Day Call: VAN WEELDEN, C 07:00-18:59 PA Night Call: , 19:00-06:59	MD for the Day: HOGG, P 07:00-06:59 PA Day Call: RICHEY, J 07:00-18:59 PA Night Call: , 19:00-06:59	MD for the Day: LABOE, P 07:00-06:59 PA Afternoon Call: RICHEY, J 12:30-19:00 PA Day Call: VAN WEELDEN, C 07:00-12:30 PA Night Call: , 19:00-06:59	MD for the Day: HOGG, P 07:00-06:59 PA Day Call: VAN WEELDEN, C 07:00-18:59 PA Night Call: , 19:00-06:59	MD for the Day: FEHER, A 07:00-06:59 PA Day Call: RICHEY, J 07:00-18:59 PA Night Call: , 19:00-06:59	MD for the Day: FEHER, A 07:00-06:59 PA Night Call: , 19:00-06:59
13	14	15	16	17	18	19
MD for the Day: FEHER, A 07:00-06:59 PA Night Call: , 19:00-06:59	MD for the Day: LYON, A 07:00-06:59 PA Day Call: VAN WEELDEN, C 07:00-18:59 PA Night Call: , 19:00-06:59	MD for the Day: HOGG, P 07:00-06:59 PA Day Call: RICHEY, J 07:00-18:59 PA Night Call: , 19:00-06:59	MD for the Day: CALLOWAY, S 07:00-06:59 ORTHO ONLY PA Night Call: SELDERS, J 19:00-06:59 PA Afternoon Call: RICHEY, J 12:30-19:00 PA Day Call: VAN WEELDEN, C 07:00-12:30	MD for the Day: CALLOWAY, S 07:00-06:59 ORTHO ONLY PA Night Call: SELDERS, J 19:00-06:59 PA Day Call: VAN WEELDEN, C 07:00-18:59	MD for the Day: CALLOWAY, S 07:00-06:59 PA Day Call: RICHEY, J 07:00-18:59 PA Night Call: WENGER, A 19:00-06:59	MD for the Day: CALLOWAY, S 07:00-06:59 PA Night Call: WENGER, A 19:00-06:59
20	21	22	23	24	25	26

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
MD for the Day: CALLOWAY, S 07:00-06:59 PA Night Call: WENGER, A 18:00-06:59	MD for the Day: WILLIAMS, D 07:00-06:59 PA Day Call: VAN WEELDEN, C 07:00-18:59 PA Night Call: BROWER, J 19:00-06:59	MD for the Day: HOGG, P 07:00-06:59 PA Day Call: RICHEY, J 07:00-18:59 PA Night Call: BROWER, J 19:00-06:59	MD for the Day: SLABAUGH, G 07:00-06:59 PA Afternoon Call: RICHEY, J 12:30-19:00 PA Day Call: VAN WEELDEN, C 07:00-12:30 PA Night Call: BROWER, J 19:00-06:59	MD for the Day: LABOE, P 07:00-06:59 PA Day Call: VAN WEELDEN, C 07:00-18:59 PA Night Call: BROWER, J 19:00-06:59	MD for the Day: LYON, A 07:00-06:59 NO PA Day Call: 07:00-18:59 PA Night Call: BROWER, J 19:00-06:59	MD for the Day: LYON, A 07:00-06:59 PA Night Call: BROWER, J 19:00-06:59
27	28	29	30	31	1	2
MD for the Day: LYON, A 07:00-06:59 PA Night Call: BROWER, J 19:00-06:59	MD for the Day: WILLIAMS, D 07:00-06:59 ORTHO ONLY PA Night Call: SELDERS, J 19:00-06:59 PA Day Call: VAN WEELDEN, C 07:00-18:59	MD for the Day: HOGG, P 07:00-06:59 ORTHO ONLY PA Night Call: SELDERS, J 19:00-06:59 PA Day Call: RICHEY, J 07:00-18:59	MD for the Day: SLABAUGH, G 07:00-06:59 PA Afternoon Call: RICHEY, J 12:30-19:00 PA Day Call: VAN WEELDEN, C 07:00-12:30 PA Night Call: BROWER, J 23:00-06:59	MD for the Day: LABOE, P 07:00-06:59 PA Day Call: VAN WEELDEN, C 07:00-18:59 PA Night Call: BROWER, J 23:00-06:59		

Contact Information

BROWER, JENNIFER L: {	Pager - Numeric	RICHEY, JONATHAN B:	Pager - Numeric
CALLOWAY, SEAN P: {	Cell Phone - No Text	SELDERS, JACLYN M:	Cell Phone - No Text
FEHER, ANTHONY W:	Cell Phone - No Text	SLABAUGH, GREGORY J: {	Cell Phone - No Text
HOGG, PETER G:	Answering Service	VAN WEELDEN, CARA V: {	Pager - Numeric
LABOE, PATRICK J: {	Cell Phone - No Text	WENGER, AMANDA K: {	Cell Phone - No Text
	Pager - Numeric		Pager - Numeric

October 2019

November 2019

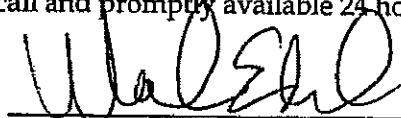
### Commitment of Orthopedic Surgery

Franciscan Health Indianapolis is committed to becoming a verified Level III Trauma Center through the American College of Surgeons.

With this commitment Franciscan Physician Network Orthopedic Specialists acknowledges that if verification is not pursued within one (1) year of submitting the "in the ACS verification process" application and/or does not achieve ACS verification within two (2) years of the granting of the "in the ACS verification process" status that the hospital's "in the ACS verification process" will be immediately be revoked, become null and void and have no effect whatsoever.

A board-certified orthopedic liaison and trauma surgeons acknowledge and commit to the criterion expectations for a Level III Trauma Center. This includes, but not limited to credentialing, certification, continuing education, and adequate involvement in performance improvement. The multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions.

To this end, a representative of orthopedic surgery will be committed to a minimum of 50% attendance at the Trauma Operational Performance Improvement Committee ("TOPI") and a minimum of 50% attendance at the Trauma Patient Care Committee ("Trauma PCC"). One predetermined alternate allowed to attend in lieu of the liaison. An orthopedic physician will on call and promptly available 24 hours a day.



Mark Edwards, MD  
Trauma Medical Director

12/23/19  
Date



Patrick Laboe, MD  
Orthopedic Liaison

11/25/19  
Date



Sean Calloway, MD  
Orthopedic Specialists

12/5/19  
Date



Anthony Feher, MD  
Orthopedic Specialists

12/13/19  
Date



Peter Hogg, MD  
Orthopedic Specialists

11/26/19  
Date



Adam Lyon, MD  
Orthopedic Specialists

11-26-19  
Date



Gregory Slough, MD  
Orthopedic Specialists

11/26/2019  
Date



Daniel Williams, MD  
Orthopedic Specialists

11/26/19  
Date

INDIANAPOLIS  
8111 South Emerson Avenue  
Indianapolis, IN 46327

MOORESVILLE  
1201 Hadley Road  
 Mooresville, IN 46158

CARMEL  
12188 N. Meridian Street  
Carmel, IN 46032

# Neurosurgery

**Neurosurgery:** The hospital must have a plan that determines which type of neurologic injuries should remain at the facility for treatment and which types of injuries should be transferred out for higher levels of care. This plan must be agreed upon by the neurosurgical surgeon and the facility's Trauma Medical Director. There must be a transfer agreement in place with Level I or Level II trauma centers for the hospital's neurosurgical patient population. The documentation must include a signed letter of commitment by neurosurgeons and the Trauma Medical Director.

- a. **Documentation required if ALL patients treated via transfer:**
  - i. Policy/guideline that establishes that all patients treated via transfer.
  - ii. Copies of transfer agreements with Level I and Level II trauma centers where neurosurgery patients will be sent from your facility.
  - iii. Signed letter from Trauma Medical Director.
- b. **Documentation required if certain patients are kept/treated at your facility:**
  - i. Policy/guideline that establishes your scope of care and criteria for transfers.
  - ii. Copies of past three (3) months neurosurgeon physician call rosters; include physician names if initials are used on call calendar.
  - iii. Signed statement from OR manager/director and Trauma Medical Director that craniotomy equipment is at your facility if you plan to keep these patients.
  - iv. Letter of commitment from neurosurgeons and Trauma Medical Director.
  - v. Traumatic Brain Injury policies/guidelines.

Evidence for patients kept at Franciscan Health Indianapolis:

- i. Neurotrauma guideline for scope of care and criteria for transfers
- ii. October to December 2019 call rosters
- iii. Craniotomy equipment statement
- iv. Letter of commitment
- v. TBI policy (Neurotrauma guideline)

Current Status: Active

PolicyStat ID: 6785298



**Franciscan**  
ALLIANCE

Original: 10/25/2019

Last Reviewed: 10/25/2019

Last Revised: 10/25/2019

Next Review: 10/24/2022

Responsible Party: Christine Claborn: Manager

Trauma Svcs

Policy Area: Trauma

References:

Applicability: Franciscan Health  
Indianapolis

## Neurotrauma Guideline

9/12/16 Franciscan Alliance hospital facility names were changed. See Hospital Listing document for new name changes and previous names.

### Purpose:

Define expectations for care of the neurotrauma patient when a neurosurgeon is encumbered.

To establish baseline care guidelines for patients with a neurological injury.

This guideline meets the following American College of Surgeons-Committee on Trauma (ACS-COT) Criteria Deficiencies (CD):

5-16, 8-4, 8-5, 8-6, 8-7, 8-8, 8-9

### Policy:

#### A. Neurosurgical coverage

1. Neurosurgical coverage is provided by a group of neurosurgeons that take call and are responsible to respond to Franciscan Health Indianapolis only.
2. Call the neurosurgeon on-call prior to admission or transfer from the Indianapolis emergency department.

#### B. Encumbered

1. If the neurosurgeon is unable to respond to the injured patient in a timely manner (60 minutes) for emergent neurosurgical intervention, the emergency physician or trauma surgeon may elect to transfer the patient to a higher level of care.

#### C. Trauma Surgeon Credentialing

1. Current Advanced Trauma Life Support (ATLS) is required for general/trauma surgeons caring for brain injured patients.

#### D. Immediate response

1. In the event of a neurosurgical emergency, the neurosurgeon should respond within 60 minutes of consultation to physically assess the patient. The following criteria require emergent bedside evaluation:

- a. Acute epidural hematomas, subdural hematomas, cerebral contusions, or intracerebral

hematomas that are large enough to warrant immediate surgical intervention.

- b. This excludes patients:
  - i. Taking anticoagulants without reversal agents
  - ii. Patients deemed nonviable
  - iii. Bleeds that are chronic in nature

#### E. Clinical Guidelines

1. All traumatic brain injury patients will be treated according to the guidelines established by the Brain Trauma Foundation<sup>2</sup> and the ACS-COT *Trauma Quality Improvement Best Practices in the Management of Traumatic Brain Injury Guidelines*<sup>3</sup>.

#### F. Transfer of patients

1. Transfer agreements are in place with the following verified trauma centers:

- a. Eskenazi Health (Level 1 adult)
- b. IU Methodist (Level 1 adult)
- c. IU Riley (Level 1 pediatric)
- d. St. Vincent 86<sup>th</sup> Street (Level 1 adult)

2. Patients meeting criteria for transfer:

- a. Neurotrauma patients under 18 years old.
- b. Penetrating injuries of skull and/or spinal cord
- c. Consider spinal cord injuries with neurological deficit(s).
- d. Consider Glasgow Coma Scale (GCS) score of less than 13 or with lateralizing signs (GCS presumed traumatic in origin)

3. Transfer Procedure:

- a. Providers and nursing staff will follow Franciscan Health Central Indiana Policy **Transfer and Transport of Patient Policy**.

G. Response times, transfer times, outcomes, and adherence to the established guidelines will be monitored by the Trauma Program Manager and Trauma Operations and Performance Improvement (TOPI) committee.

## References:

1. American College of Surgeons - Committee on Trauma. (2014). *Resources for optimal care of the injured patient 2014* (6th ed.). M. Rotondo, C. Cribari, & R. Smith (Eds.), Retrieved from <https://www.facs.org/-/media/files/quality%20programs/trauma/trauma%20resources/resources%20for%20optimal%20care%202014%20v11.ashx>
2. Brain Trauma Foundation. (2019). Brain Trauma Foundation. Retrieved May 3, 2019, from <https://www.braintrauma.org/>
3. American College of Surgeons Trauma Quality Improvement Program. (2019). *Best practices in the management of traumatic brain injury*. Retrieved from [https://www.facs.org/-/media/files/quality-programs/trauma/tqip/tbi\\_guidelines.ashx?la=en](https://www.facs.org/-/media/files/quality-programs/trauma/tqip/tbi_guidelines.ashx?la=en)

## **Bibliography:**

Franciscan Health Central Indiana Policy, **Transfer and Transport of Patient Policy**

## **Author:**

Claborn, Christine, MSN, RN, CEN, TCRN, Trauma Program Manager, Indianapolis Campus - 7/2019

## **Review Panel:**

Annee, Sharon, PT, Administrative Director of Ortho/Neuro, Central Indiana District - 7/2019

Edwards, Mark, MD, FACS, General Surgeon and Trauma Medical Director, Indianapolis Campus - 7/2019

Hartman, Chris, MD, Emergency Physicians of Indianapolis, Indianapolis Campus - 7/2019

Spomar, Daniel, MD, FAANS, Neurosurgeon, Indianapolis Campus - 7/2019

*If this policy does not yet have an electronic signature, please refer to the policy archives for a signed PDF version.*

## **Attachments:**

### **Approval Signatures**

<b>Step Description</b>	<b>Approver</b>	<b>Date</b>
	Agnes Therady: VP CNO	10/25/2019
	Mark Edwards: Physician	10/25/2019
	Vincent Corbin: Director Emergency Services	8/13/2019
	Christine Claborn: Manager Trauma Svs	8/8/2019

### **Applicability**

Franciscan Health Indianapolis

# December 2019: IN - Neurosurgery (FPN)

Printed Jan 17, 2020  
10:29

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
1	2	3	4	5	6	7
On Call: BOWERS, B 07:00-06:59	On Call: KULWIN, C 07:00-06:59	On Call: KULWIN, C 07:00-06:59	On Call: KULWIN, C 07:00-06:59	On Call: KULWIN, C 07:00-06:59	On Call: KULWIN, C 07:00-06:59	On Call: KULWIN, C 07:00-06:59
On Call: FRYBURG, K 07:00-06:59						
8	9	10	11	12	13	14
On Call: KULWIN, C 07:00-06:59	On Call: FRYBURG, K 07:00-06:59	On Call: FRYBURG, K 07:00-06:59	On Call: FRYBURG, K 07:00-06:59	On Call: FRYBURG, K 07:00-06:59	On Call: FRYBURG, K 07:00-06:59	On Call: FRYBURG, K 07:00-06:59
	On Call: BOWERS, B 07:00-06:59	On Call: BOWERS, B 07:00-06:59	On Call: BOWERS, B 07:00-06:59	On Call: BOWERS, B 07:00-06:59	On Call: BOWERS, B 07:00-06:59	On Call: BOWERS, B 07:00-06:59
15	16	17	18	19	20	21
On Call: FRYBURG, K 07:00-06:59	On Call: SPOMAR, D 07:00-06:59	On Call: SPOMAR, D 07:00-06:59	On Call: SPOMAR, D 07:00-06:59	On Call: SPOMAR, D 07:00-06:59	On Call: SPOMAR, D 07:00-06:59	On Call: SPOMAR, D 07:00-06:59
On Call: BOWERS, B 07:00-06:59						
22	23	24	25	26	27	28
On Call: SPOMAR, D 07:00-06:59	On Call: SPOMAR, D 07:00-06:59	On Call: SPOMAR, D 07:00-06:59	On Call: SPOMAR, D 07:00-06:59	On Call: FRYBURG, K 07:00-06:59	On Call: FRYBURG, K 07:00-06:59	On Call: FRYBURG, K 07:00-06:59
				On Call: BOWERS, B 07:00-06:59	On Call: BOWERS, B 07:00-06:59	On Call: BOWERS, B 07:00-06:59
29	30	31	1	2	3	4
On Call: FRYBURG, K 07:00-06:59	On Call: KULWIN, C 07:00-06:59	On Call: KULWIN, C 07:00-06:59				
On Call: BOWERS, B 07:00-06:59						

## Contact information

**BOWERS, BARBARA**

**L:**

**FRYBURG, KARSTEN:**

**KULWIN, CHARLES**

**G.:**

**SPOMAR, DANIEL G:**



# November 2019: IN - Neurosurgery (FPN)

Printed Oct 17, 2019  
20:49

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
27	28	29	30	31	1	2
				On Call: SPOMAR, D 07:00-06:59	On Call: SPOMAR, D 07:00-06:59	On Call: SPOMAR, D 07:00-06:59
3	4	5	6	7	8	9
On Call: SPOMAR, D 07:00-06:59	On Call: KHAIRI, S 07:00-06:59	On Call: KHAIRI, S 07:00-06:59	On Call: KHAIRI, S 07:00-06:59	On Call: KHAIRI, S 07:00-06:59	On Call: KHAIRI, S 07:00-06:59	On Call: KHAIRI, S 07:00-06:59
10	11	12	13	14	15	16
On Call: KHAIRI, S 07:00-06:59	On Call: FRYBURG, K 07:00-06:59	On Call: FRYBURG, K 07:00-06:59	On Call: FRYBURG, K 07:00-06:59	On Call: SPOMAR, D 07:00-06:59	On Call: SPOMAR, D 07:00-06:59	On Call: SPOMAR, D 07:00-06:59
	On Call: BOWERS, B 07:00-06:59	On Call: BOWERS, B 07:00-06:59	On Call: BOWERS, B 07:00-06:59			
17	18	19	20	21	22	23
On Call: SPOMAR, D 07:00-06:59	On Call: FRYBURG, K 07:00-06:59	On Call: FRYBURG, K 07:00-06:59	On Call: FRYBURG, K 07:00-06:59	On Call: FRYBURG, K 07:00-06:59	On Call: FRYBURG, K 07:00-06:59	On Call: BOWERS, B 07:00-06:59
	On Call: BOWERS, B 07:00-06:59	On Call: BOWERS, B 07:00-06:59	On Call: BOWERS, B 07:00-06:59	On Call: BOWERS, B 07:00-06:59	On Call: BOWERS, B 07:00-06:59	On Call: FRYBURG, K 07:00-06:59
24	25	26	27	28	29	30
On Call: FRYBURG, K 07:00-06:59	On Call: SPOMAR, D 07:00-06:59	On Call: SPOMAR, D 07:00-06:59	On Call: SPOMAR, D 07:00-06:59	On Call: SPOMAR, D 07:00-06:59	On Call: SPOMAR, D 07:00-06:59	On Call: SPOMAR, D 07:00-06:59
On Call: BOWERS, B 07:00-06:59						

## Contact Information

BOWERS, BARBARA  
L:

FRYBURG,  
KARSTEN: Text

KHAIRI, SAAD A:

SPOMAR, DANIEL  
G.: Text

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**October 2019: IN - Neurosurgery (FPN)**

Printed Oct 17, 2019 20:48

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
28	30	1	2	3	4	5
	On Call: SPOMAR, D 07:00-06:59	On Call: SPOMAR, D 07:00-06:59	On Call: SPOMAR, D 07:00-06:59	On Call: SPOMAR, D 07:00-06:59	On Call: SPOMAR, D 07:00-06:59	On Call: SPOMAR, D 07:00-06:59
6	7	8	9	10	11	12
On Call: SPOMAR, D 07:00-06:59	On Call: KULWIN, C 07:00-06:59	On Call: KULWIN, C 07:00-06:59	On Call: KULWIN, C 07:00-06:59	On Call: KULWIN, C 07:00-06:59	On Call: KULWIN, C 07:00-06:59	On Call: KULWIN, C 07:00-06:59
13	14	15	16	17	18	19
On Call: KULWIN, C 07:00-06:59	On Call: FRYBURG, K 07:00-06:59	On Call: BOWERS, B 07:00-06:59	On Call: FRYBURG, K 07:00-06:59	On Call: FRYBURG, K 07:00-06:59	On Call: FRYBURG, K 07:00-15:00	On Call: SPOMAR, D 07:00-06:59
	On Call: BOWERS, B 07:00-06:59	On Call: FRYBURG, K 07:00-06:59	On Call: BOWERS, B 07:00-06:59	On Call: BOWERS, B 07:00-06:59	On Call: SPOMAR, D 15:00-06:59	
				On Call: BOWERS, B 07:00-15:00		
20	21	22	23	24	25	26
On Call: SPOMAR, D 07:00-06:59	On Call: SPOMAR, D 07:00-06:59	On Call: SPOMAR, D 07:00-06:59	On Call: SPOMAR, D 07:00-06:59	On Call: FRYBURG, K 07:00-06:59	On Call: FRYBURG, K 07:00-06:59	On Call: FRYBURG, K 07:00-06:59
				On Call: BOWERS, B 07:00-06:59	On Call: BOWERS, B 07:00-06:59	On Call: BOWERS, B 07:00-06:59
27	28	29	30	31	1	2
On Call: FRYBURG, K 07:00-06:59	On Call: FRYBURG, K 07:00-06:59	On Call: FRYBURG, K 07:00-06:59	On Call: FRYBURG, K 07:00-06:59	On Call: SPOMAR, D 07:00-06:59		
On Call: BOWERS, B 07:00-06:59	On Call: BOWERS, B 07:00-06:59	On Call: BOWERS, B 07:00-06:59	On Call: BOWERS, B 07:00-06:59			

**Contact Information**BOWERS, BARBARA  
L:FRYBURG,  
KARSTEN: TextKULWIN, CHARLES  
G.: TextSPOMAR, DANIEL  
G.: Text


Necessary equipment to perform a craniotomy:

An emergency craniotomy case cart is in the OR core 24/7.

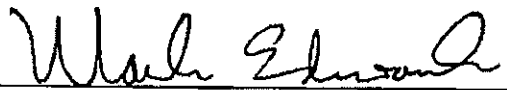
The case cart has all the sterile supplies needed to perform an emergency craniotomy.

Mayfield headrests with either pins or a horseshoe adaptor are in the OR core. We use universal adaptors for the Mayfield headrests so they can be used on a regular OR bed or a Jackson table.

Both tables are in the OR 24/7.

  
\_\_\_\_\_  
OR Manager

11/21/19  
Date

  
\_\_\_\_\_  
Mark Edwards, MD, FACS, Trauma Medical Director

11/27/19  
Date

November 2019

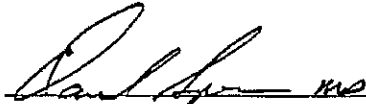
### Commitment of Neurosurgical Physicians

Franciscan Health Indianapolis is committed to becoming a verified Level III Trauma Center through the American College of Surgeons.

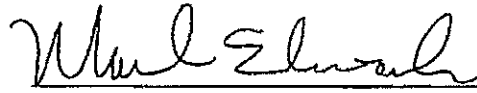
With this commitment, Neurosurgical Specialists acknowledges that if verification is not pursued within one (1) year of submitting the "in the ACS verification process" application and/or does not achieve ACS verification within two (2) years of the granting of the "in the ACS verification process" status that the hospital's "in the ACS verification process" will be immediately be revoked, become null and void and have no effect whatsoever.

A board certified neurosurgical liaison and trauma surgeons acknowledge and commit to the criterion expectations for a Level III Trauma Center. This includes, but not limited to credentialing, certification, and adequate involvement in performance improvement. The multidisciplinary trauma performance improvement program has the authority to evaluate care across disciplines, identify opportunities for improvement, and implement corrective actions.

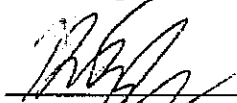
To this end, a representative of neurosurgical medicine will be committed to a minimum of 50% attendance at the Trauma Operational Process Performance Improvement Committee ("TOPI") and a minimum of 50% attendance at the Trauma Patient Care Committee ("Trauma PCC") one pre-determined alternate allowed to attend the meetings in lieu of the liaison.



Daniel Spomar, MD  
Neurosurgical Liaison to Trauma



Mark Edwards, MD  
Trauma Medical Director



Karsten Fryburg, MD

Saad Khairi, MD

Charles Kulwin, MD

Troy Payner, MD

November 2019

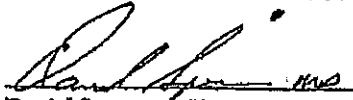

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\_\_\_\_\_  
Daniel Spomar, MD  
Neurosurgical Liaison to Trauma  
\_\_\_\_\_  
Mark Edwards, MD  
Trauma Medical Director  
\_\_\_\_\_  
Karsten Fryburg, MD  
\_\_\_\_\_  
Saad Khairi, MD  
\_\_\_\_\_  
Charles Kulwin, MD  
\_\_\_\_\_  
Troy Payner, MD

INDIANAPOLIS  
8111 South Emerson Avenue  
Indianapolis, IN 46327

MOORESVILLE  
1201 Hedley Road  
Mooresville, IN 46158

CARMEL  
12188 N. Meridian Street  
Carmel, IN 46032

FranciscanHealth.org

Current Status: Active

PolicyStat ID: 6785298



**Franciscan**  
ALLIANCE

Original: 10/25/2019

Last Reviewed: 10/25/2019

Last Revised: 10/25/2019

Next Review: 10/24/2022

Responsible Party: Christine Claborn: Manager

Trauma Svcs

Policy Area: Trauma

References:

Applicability: Franciscan Health  
Indianapolis

## Neurotrauma Guideline

9/12/16 Franciscan Alliance hospital facility names were changed. See Hospital Listing document for new name changes and previous names.

### Purpose:

Define expectations for care of the neurotrauma patient when a neurosurgeon is encumbered.

To establish baseline care guidelines for patients with a neurological injury.

This guideline meets the following American College of Surgeons-Committee on Trauma (ACS-COT) Criteria Deficiencies (CD):

5-16, 8-4, 8-5, 8-6, 8-7, 8-8, 8-9

### Policy:

#### A. Neurosurgical coverage

1. Neurosurgical coverage is provided by a group of neurosurgeons that take call and are responsible to respond to Franciscan Health Indianapolis only.
2. Call the neurosurgeon on-call prior to admission or transfer from the Indianapolis emergency department.

#### B. Encumbered

1. If the neurosurgeon is unable to respond to the injured patient in a timely manner (60 minutes) for emergent neurosurgical intervention, the emergency physician or trauma surgeon may elect to transfer the patient to a higher level of care.

#### C. Trauma Surgeon Credentialing

1. Current Advanced Trauma Life Support (ATLS) is required for general/trauma surgeons caring for brain injured patients.

#### D. Immediate response

1. In the event of a neurosurgical emergency, the neurosurgeon should respond within 60 minutes of consultation to physically assess the patient. The following criteria require emergent bedside evaluation:
  - a. Acute epidural hematomas, subdural hematomas, cerebral contusions, or intracerebral

hematomas that are large enough to warrant immediate surgical intervention.

- b. This excludes patients:
  - i. Taking anticoagulants without reversal agents
  - ii. Patients deemed nonviable
  - iii. Bleeds that are chronic in nature

#### E. Clinical Guidelines

1. All traumatic brain injury patients will be treated according to the guidelines established by the Brain Trauma Foundation<sup>2</sup> and the ACS-COT *Trauma Quality Improvement Best Practices in the Management of Traumatic Brain Injury Guidelines*<sup>3</sup>.

#### F. Transfer of patients

1. Transfer agreements are in place with the following verified trauma centers:
  - a. Eskenazi Health (Level 1 adult)
  - b. IU Methodist (Level 1 adult)
  - c. IU Riley (Level 1 pediatric)
  - d. St. Vincent 86<sup>th</sup> Street (Level 1 adult)
2. Patients meeting criteria for transfer:
  - a. Neurotrauma patients under 18 years old.
  - b. Penetrating injuries of skull and/or spinal cord
  - c. Consider spinal cord injuries with neurological deficit(s).
  - d. Consider Glasgow Coma Scale (GCS) score of less than 13 or with lateralizing signs (GCS presumed traumatic in origin)
3. Transfer Procedure:
  - a. Providers and nursing staff will follow Franciscan Health Central Indiana Policy **Transfer and Transport of Patient Policy**.

G. Response times, transfer times, outcomes, and adherence to the established guidelines will be monitored by the Trauma Program Manager and Trauma Operations and Performance Improvement (TOPI) committee.

## References:

1. American College of Surgeons - Committee on Trauma. (2014). *Resources for optimal care of the injured patient 2014* (6th ed.). M. Rotondo, C. Cribari, & R. Smith (Eds.), Retrieved from <https://www.facs.org/-/media/files/quality%20programs/trauma/vrc%20resources/resources%20for%20optimal%20care%202014%20v11.ashx>
2. Brain Trauma Foundation. (2019). Brain Trauma Foundation. Retrieved May 3, 2019, from <https://www.braintrauma.org/>
3. American College of Surgeons Trauma Quality Improvement Program. (2019). *Best practices in the management of traumatic brain injury*. Retrieved from [https://www.facs.org/-/media/files/quality-programs/trauma/tqip/tbi\\_guidelines.ashx?la=en](https://www.facs.org/-/media/files/quality-programs/trauma/tqip/tbi_guidelines.ashx?la=en)

## Bibliography:

Franciscan Health Central Indiana Policy, Transfer and Transport of Patient Policy

## Author:

Claborn, Christine, MSN, RN, GEN, TCRN, Trauma Program Manager, Indianapolis Campus - 7/2019

## Review Panel:

Annee, Sharon, PT, Administrative Director of Ortho/Neuro, Central Indiana District - 7/2019

Edwards, Mark, MD, FACS, General Surgeon and Trauma Medical Director, Indianapolis Campus - 7/2019

Hartman, Chris, MD, Emergency Physicians of Indianapolis, Indianapolis Campus - 7/2019

Spomar, Daniel, MD, FAANS, Neurosurgeon, Indianapolis Campus - 7/2019

*If this policy does not yet have an electronic signature, please refer to the policy archives for a signed PDF version.*

## Attachments:

### Approval Signatures

Step Description	Approver	Date
	Agnes Therady: VP CNO	10/25/2019
	Mark Edwards: Physician	10/25/2019
	Vincent Corbin: Director Emergency Services	8/13/2019
	Christine Claborn: Manager Trauma Svs	8/8/2019

### Applicability

Franciscan Health Indianapolis



# Transfer Agreements and Criteria

**Transfer agreements and criteria:** The hospital must include as part of its application a copy of its transfer criteria and copies of its transfer agreements with other hospitals.

a. **Documentation required:**

- i. Copy of transfer out policy/criteria.
- ii. Copies of transfer agreements with Level I and Level II trauma centers.

**Evidence:**

- i. Copy of transfer guideline
- ii. Copies of transfer agreements
  - a. Eskenazi
  - b. IU Health Methodist/Riley
  - c. St. Vincent 86<sup>th</sup>

Current Status: Active

PolicyStat ID: 7426792



**Franciscan**  
ALLIANCE

Original: 1/15/2020  
Last Reviewed: 1/15/2020  
Last Revised: 1/15/2020  
Next Review: 1/14/2023  
Owner: Christine Claborn: Manager  
Trauma Svcs  
Document Area: Trauma Services  
Tags:  
Applicability: Franciscan Health Indianapolis

## Trauma/Injured Patient Transfer Guideline

9/12/16 Franciscan Alliance hospital facility names were changed. See Hospital Listing document for new name changes and previous names.

### Purpose:

To identify guidelines for patient transfer who either transfer out of or into Franciscan Health Indianapolis with an injury.

This guideline meets the following American College of Surgeons-Committee on Trauma (ACS-COT) Criteria Deficiencies (CD):

2-13, 4-1, 4-2, 4-3

### Procedure:

- A. All current EMTALA regulations will be followed.
- B. All injured patients transferred into and out of Franciscan Indianapolis for their injuries will be reviewed for the appropriateness to transfer.
- C. Transfer out
  1. The decision to transfer an injured patient to a specialty care facility in an acute situation must be based solely on the needs of the patient.<sup>1</sup>
  2. Trauma Transfer Agreements are in place with the following verified trauma centers:
    - a. Eskenazi Health (Level 1 adult and verified burn center)
    - b. IU Methodist (Level 1 adult)
    - c. IU Riley (Level 1 pediatric)
    - d. St. Vincent 86th Street (Level 1 adult)
  3. There will be direct physician-to-physician communication between facilities and discussion of patient injuries, current treatments, and agreement on transportation mode.
  4. Chart preparation will occur in accordance with Franciscan Health Central Indiana Policy Transfer and Transport of Patient Policy
  5. If the injured patient is in need of care that cannot be provided at Franciscan Health Indianapolis, then it is appropriate to transfer to a higher level of care. The following types of injured patients

should be considered for transfer to a higher level of care:

a. Burns

- i. Patients with a burn requiring burn specialist care

b. Cardiovascular

- i. Torn thoracic aorta or great vessel injuries
- ii. Cardiac rupture
- iii. Major abdominal vascular injury

c. General Surgical Trauma

- i. Mid to high grade solid organ injuries
- ii. Mid to high grade urogenital injuries
- iii. Penetrating injuries to trunk requiring surgical repair.

d. Neurosurgical

- i. Spinal cord injuries with a neurological deficit(s).
- ii. Penetrating injuries of skull and/or spinal cord.
- iii. Glasgow Coma Score (GCS) of less than 13 or with lateralizing signs (GCS presumed traumatic in origin).

e. Oral, Maxillofacial, Ophthalmic Injuries

- i. Injured patients that need further care outside of the emergency department setting or requiring specialist care.

f. Orthopedic

- i. Complex pelvis/acetabulum fractures
- ii. Unstable pelvic fractures
- iii. Open fractures with significant soft tissue loss

g. Pediatrics

- i. Injured patients under age of 18 that need further care outside of the emergency department, unless a minor orthopedic injury.

h. Plastic and reconstructive

- i. Any patient in need of plastic/reconstructive services except those requiring an isolated skin graft.

D. Transfer in

1. Injured patients to be transferred to Franciscan Health Indianapolis should be referred through the Franciscan Transfer Center, phone number 317-528-2222.
2. The acceptance of an injured patient from another healthcare facility will be evaluated on an individual case by case basis to avoid double transfers.
3. There will be direct physician-to-physician communication between facilities and discussion of patient injuries, current treatments, and agreement on transportation mode.
4. Transfers in for isolated orthopedic injuries and have comorbid conditions may be admitted to the

- hospitalist service with an orthopedic consult.
5. Use the below Modified Trauma Activation Criteria for interfacility transfers once a surgeon has accepted the patient and deems them to be either unstable or needing further imaging or workup. These patients should be an ED to ED transfer.
    - a. Trauma Red - Accepting surgeon will evaluate the patient in the ED within 30 minutes of arrival.
      - i. Patient with a solid organ injury
      - ii. Hypotensive (SBP less than 90 mmHg)
      - iii. Multisystem injury
        - a. Injury to two or more body regions (i.e. hip fracture and head bleed)
      - iv. Requiring blood products to maintain vital signs
      - v. Physician discretion
    - b. Trauma Yellow - Accepting surgeon to report to FHIN ED physician. ED physician to evaluate and call surgeon
      - i. Patient with a known injury after a mechanism with suspicion for additional injury.
      - ii. Other high-risk mechanisms that warrant more rapid evaluation
      - iii. Physician discretion
  6. Direct Admits
    - a. Any patient deemed to be stable or does not require further workup, may be admitted directly to an inpatient bed from an outside hospital. There is no trauma team activation for patients directly admitted to an inpatient bed. These patients may be a Trauma Service Evaluation upon arrival to the inpatient unit as deemed necessary by the accepting surgeon.
    - b. Patients with isolated orthopedic fractures and have comorbid conditions may be admitted to the hospitalist service with an orthopedic consult.
  7. Outside hospital Direct to OR
    - a. Acute care surgical cases may be directly admitted to the OR. The surgeon to direct if the patient will be a Direct to OR case.
    - b. If the patient becomes unstable en route or arrives before OR is available, then the patient may stop in the ED for further evaluation/stabilization.
  8. For all acute care surgery/trauma transfers in - see Interfacility Direct Admit to Surgery/Direct to OR workflow (attached).

## Bibliography:

Franciscan Health Central Indiana Policy, Transfer and Transport of Patient Policy

## References:

1. American College of Surgeons - Committee on Trauma. (2014). *Resources for optimal care of the injured patient 2014* (6th ed.). M. Rotondo, C. Cribari, & R. Smith (Eds.), Retrieved from <https://www.facs.org/~media/files/quality%20programs/trauma/vrc%20resources/resources%20for%20optimal%20care%202014%20v11.ashx>

## Policy Author:

Claborn, Christine, MSN, RN, CEN, TCRN, Trauma Program Manager, Indianapolis Campus - 11/2019

## Review Panel:

Doehring, Christopher, MD, MMM, Vice President Medical Affairs, Franciscan Health Indianapolis - 11/2019

Edwards, Mark, MD, FACS, General Surgeon and Trauma Medical Director, Indianapolis Campus - 11/2019

Hartman, Chris, MD, FACEP, Liaison to Trauma Program, Emergency Physicians of Indianapolis, Indianapolis Campus - 11/2019

Tenbarge, Stephanie, MSN, RN, System Nursing Director, Transfer Center & Patient Placement - 11/2019

Todd, Randy, MD, Medical Director Emergency Department, Emergency Physicians of Indianapolis, Indianapolis Campus - 11/2019

Walker, Colleen, MSN, RN, NE-BC, System Administrative Director, Transfer Center & Patient Placement - 11/2019

## Committee Approval:

Trauma Operations Performance Improvement (TOPI) Committee 12/17/2019

*If this policy does not yet have an electronic signature, please refer to the policy archives for a signed PDF version.*

## Attachments:

Direct to OR Process v3.pdf

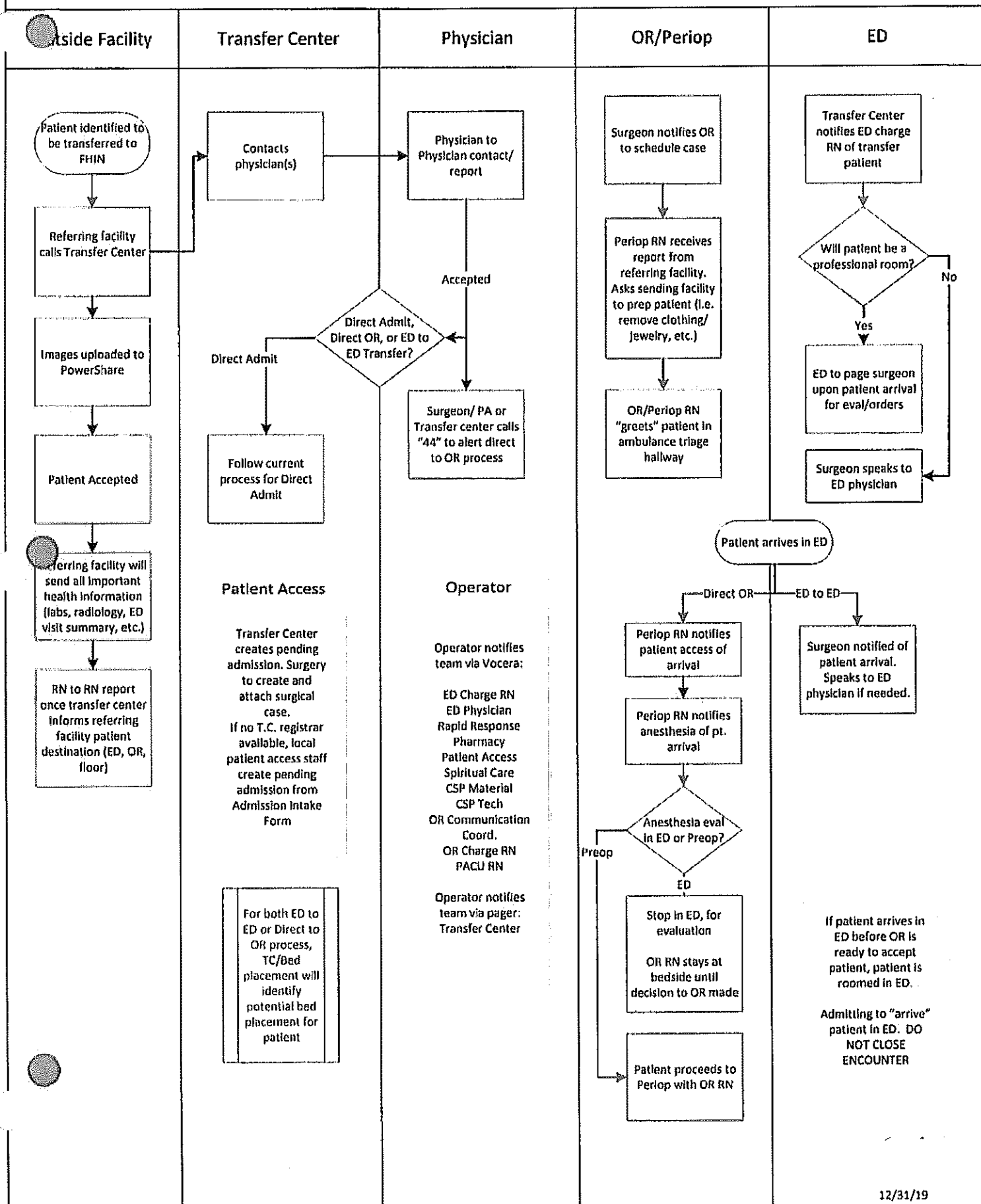
## Approval Signatures

Step Description	Approver	Date
	Agnes Therady: VP CNO	1/15/2020
	Mark Edwards: Physician	1/8/2020
	Vincent Corbin: Director Emergency Services	1/3/2020
	Christine Claborn: Manager Trauma Svs	1/3/2020

## Applicability

Franciscan Health Indianapolis

**Interfacility Transfers into Franciscan Health Indy**  
**Direct Admit to Surgery (Acute Care or Trauma), Direct to OR, ED to ED**



172

## PATIENT TRANSFER AGREEMENT

This Patient Transfer Agreement ("Agreement") is by and between the Health and Hospital Corporation of Marion County d/b/a Eskenazi Health and Franciscan Alliance, Inc., d/b/a Franciscan St. Francis Health - Indianapolis ("Facility"), (collectively referred to as "Institutions").

Eskenazi Health is a comprehensive public health care system with facilities and services including a hospital, outpatient clinics, The Kathi & Bob Postlethwait Mental Health Recovery Center, outpatient mental health services, Smith Level I Shock Trauma Center, and the Richard M. Fairbanks Burn Center.

Facility operates an acute care hospital and health system.

Eskenazi Health and Facility have determined that it would be in the best interest of patient care and would promote the optimum use of facilities to enter into a transfer agreement for transfer of patients between the respective Institutions.

Eskenazi Health and Facility therefore agree as follows:

1. *Term.* This Agreement shall become effective beginning October 1, 2014 ("Effective Date") and shall remain in effect for a period of one year from the Effective Date, upon which date the Agreement will automatically renew for additional one-year periods.
2. *Purpose of Agreement.* Each Institution agrees to transfer to the other Institution and to receive from the other Institution patients in need of the care provided by their respective Institutions for the purpose of providing improved patient care and continuity of patient care.
3. *Patient Transfer to Eskenazi Health.* The request for transfer of a patient from Facility to Eskenazi Health shall be initiated by the patient's attending physician. Any authorized member of Eskenazi Health's medical staff may authorize a transfer when the patient in question needs Level I Shock Trauma Services (including but not limited to interventional radiology, orthopedic trauma, and/or the services of the Burn Unit) and if Eskenazi Health has an appropriate bed available. This Agreement does not confer priority to or guarantee the acceptance of Facility's patients. All other requests for patient transfers to Eskenazi Health shall be referred to the Patient Placement/House Supervisor. Prior to moving the patient, Facility must receive confirmation from Eskenazi Health that it can accept the patient, and there must be direct communication between the referring and receiving physician. Patients shall be delivered to Sidney & Lois Eskenazi Hospital.
4. *Patient Transfer to Facility.* The request for transfer of a patient from Eskenazi Health to Facility shall be initiated by the patient's attending physician. Any authorized member of Facility's medical staff may authorize a transfer if Facility has an

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173

appropriate bed available. This Agreement does not confer priority to or guarantee the acceptance of Eskenazi Health's patients. Prior to moving the patient, Eskenazi Health must receive confirmation from Facility that it can accept the patient, and there must be direct communication between the referring and receiving physician. Patients shall be delivered to Facility.

5. *Patient Records and Personal Effects.* Each of the Institutions agrees to adopt standard forms of medical and administrative information to accompany the patient from one Institution to the other. The information shall include, when appropriate, the following:

- A. Patient's name, address, hospital number, and age; name, address, and telephone number of the patient's legal guardian (if applicable);
- B. Patient's third-party billing data;
- C. History of the injury or illness;
- D. Condition on admission;
- E. Vital signs prehospital, during stay in emergency department, and at time of transfer;
- F. Treatment provided to patient; including medications given and route of administration;
- G. Laboratory and X-ray findings, including films;
- H. Fluids given, by type and volume;
- I. Name, address, and phone number of physician referring patient;
- J. Name of physician in receiving Institution to whom patient is to be transferred; and
- K. Name of physician at receiving Institution who has been contacted about patient.
- L. Specialized needs and dietary restrictions.

Each Institution shall supplement the above information as necessary for the maintenance of the patient during transport and treatment upon arrival at the receiving Institution, and the Institutions shall work together to reduce repetition of diagnostic tests. Transfers of Protected Health Information (PHI) shall comply with the provisions of the Health Insurance Portability and Accountability Act of 1996 (HIPAA).



In addition, each Institution agrees to adopt a standard form to inventory a patient's personal effects and valuables that shall accompany the patient during transfer. The records described above shall be placed in the custody of the person in charge of the transporting medium who shall sign a receipt for the medical records and the patient's valuables and personal effects and in turn shall obtain a receipt from the receiving Institution when it receives the records and the patient's valuables and personal effects. The transferring Institution shall bear responsibility for the loss of the patient's personal effects and valuables unless it can produce an authorized receipt for the personal effects and valuables from the accepting Institution.

6. *EMTALA Compliance and Transfer Consent.* The transferring Institution shall have responsibility for meeting the requirements for an "appropriate transfer" under the Emergency Medical Treatment and Active Labor Act (EMTALA), if applicable. The transferring Institution is responsible for performing a medical screening exam to determine if the patient has an emergency medical condition. If the patient has an emergency medical condition, and the transferring Institution does not have the capability or capacity to stabilize the patient prior to transfer, the transferring Institution shall make an appropriate transfer pursuant to EMTALA regulations. The transferring Institution is responsible for assessing the risks and benefits of the transfer and obtaining the patient's consent to be transferred to the other Institution prior to the transfer, if the patient is competent. If the patient is not competent, the transferring Institution shall obtain a family member's consent; if such consent is not possible, the consent of the patient's physician shall be obtained by the transferring Institution.

7. *Payment for Services.* Unless otherwise agreed to in writing by and between the Institutions, and except to the extent that such liability would exist separate and apart from this Agreement, a) the patient is primarily responsible for payment for care received at either Institution, b) each Institution shall be responsible only for collecting its own payment for services rendered to the patient and c) no clause of this Agreement shall be interpreted to authorize either Institution to look to the other to pay for services rendered to a patient transferred by virtue of this Agreement.

8. *Transportation of Patient.* The transferring Institution shall have responsibility for arranging transportation of the patient to the other Institution, including selection of the mode of transportation and providing appropriate health care practitioner(s) to accompany the patient if necessary. The receiving Institution's responsibility for the patient's care shall begin when the patient is admitted, either as an inpatient or an outpatient, to that Institution.

9. *Advertising and Public Relations.* Neither Institution shall use the name of the other Institution in any promotional or advertising material unless review and approval of the intended advertisement first shall be obtained from the party whose name is to be used. Both Institutions shall deal with each other publicly and privately in an atmosphere of mutual respect and support, and each Institution shall maintain good

public and patient relations and efficiently handle complaints and inquires with respect to transferred or transferring patients.

10. *Independent Contractor Status.* Both Institutions are independent contractors. Neither Institution is authorized or permitted to act as an agent or employee of the other. Nothing in this Agreement shall in any way alter the freedom enjoyed by either Institution, nor shall it in any way alter the control of the management, assets, and affairs of the respective Institutions. Neither party, by virtue of this Agreement, assumes any liability for any debts or obligations of either a financial or a legal nature incurred by the other party to this Agreement.

11. *Liability.* Facility shall save, indemnify, and hold Eskenazi Health harmless of and from any and all liability, loss, costs, and expenses incurred directly or indirectly from any acts, errors, or omissions by Facility, its agents, employees or invitees from any cause arising out of or relating to Facility's performance under this Agreement.

Any obligation of Facility to save and hold Eskenazi Health harmless is limited in substance by statutes designed to protect and limit the exposure as a qualified health care provider under the Indiana Medical Malpractice Act.

Eskenazi Health shall save, indemnify, and hold Facility harmless of and from any and all liability, loss, costs, and expenses incurred directly or indirectly from any acts, errors, or omissions by Eskenazi Health, its agents, employees or invitees from any cause arising out of or relating to Eskenazi Health's performance under this Agreement.

Any obligation of Eskenazi Health to save and hold Facility harmless is limited in substance by statutes designed to protect and limit the exposure and liability of Eskenazi Health as an instrumentality of the State of Indiana under the Indiana Tort Claims Act and as a qualified health care provider under the Indiana Medical Malpractice Act.

12. *Exclusion.* Institutions represent and warrant that the Institution, its employees, directors, officers, subcontractors, and agents are not under sanction and/or have not been excluded from participation in any federal or state program, including Medicare or Medicaid.

13. *Insurance.* Each Institution shall maintain at all times throughout the term of this Agreement commercially reasonable insurance, including but not limited to, comprehensive general liability insurance, professional liability insurance, and property damage insurance. Upon request, each Institution shall provide the other with written documentation evidencing such insurance coverage.

14. *Termination.*

A. *Voluntary Termination.* This Agreement shall be terminated by either party for any reason, by giving thirty (30) days' written notice of its intention to withdraw from this Agreement, and by ensuring the continuity of care

to patients who already are involved in the transfer process. To this end, the terminating party will be required to meet its commitments under the Agreement to all patients for whom the other party has begun the transfer process in good faith.

B. *Involuntary Termination.* This Agreement shall be terminated immediately upon the occurrence of any of the following:

1. Either Institution is destroyed to such an extent that the patient care provided by such Institution cannot be carried out adequately;
2. Either Institution loses its license or accreditation;
3. Either Institution no longer is able to provide the service for which this Agreement was sought; and
4. Either Institution is in default under any of the terms of this Agreement.
5. Either Institution have been debarred, excluded or otherwise determined ineligible from participation in any federal or state program, including Medicare and Medicaid.

14. *Nonwaiver.* No waiver of any term or condition of this Agreement by either party shall be deemed a continuing or further waiver of the same term or condition or a waiver of any other term or condition of this Agreement.

15. *Governing Law.* This Agreement is governed by the laws of the State of Indiana. Any litigation arising out of this Agreement shall be brought in a court located in Marion County, Indiana.

16. *Assignment.* This Agreement shall not be assigned in whole or in part by either party without the express written consent of the other party.

17. *Invalid Provision.* In the event that any portion of this Agreement shall be determined to be invalid or unenforceable, the remainder of this Agreement shall be deemed to continue to be binding upon the parties in the same manner as if the invalid or unenforceable provision were not a part of this Agreement.

18. *Amendment.* This Agreement may be amended at any time by a written agreement signed by the parties.

19. *Notice.* Any notice required or allowed to be given under this Agreement shall be deemed to have been given upon deposit in the United States mail, registered or

certified, with return receipt requested. Any and all notices are to be addressed as follows:

**ESKENAZI HEALTH:**

Eskenazi Health  
Attn: Legal Department  
720 Eskenazi Avenue  
FOB 5<sup>th</sup> Floor  
Indianapolis, IN 46202

Franciscan St. Francis Health - Indianapolis ("Facility")  
Attn: General Counsel  
Office of Legal and Regulatory Affairs  
8111 S. Emerson Avenue  
Indianapolis, IN 46237

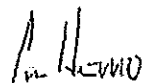
20. *Entire Agreement.* This Agreement constitutes the entire agreement between the parties and contains all of the agreements between them with respect to its subject matter and supersedes any and all other agreements, either oral or in writing, between the parties to the Agreement with respect to the subject matter of this Agreement.

21. *Binding Agreement.* This Agreement shall be binding upon the successors or assigns of the parties.

22. *Authorization for Agreement.* The execution and performance of this Agreement by each Institution has been duly authorized by all necessary laws, resolutions, or corporate actions, and this Agreement constitutes the valid and enforceable obligations of each Institution in accordance with its terms.

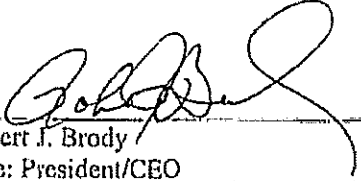
Eskenazi Health and Facility are each signing this Agreement on the date stated below that party's signature.

**THE HEALTH AND HOSPITAL CORPORATION OF MARION COUNTY  
D/B/A ESKENAZI HEALTH**


  
\_\_\_\_\_  
Lisa Harris, CEO and Medical Director

Date: 10/22/17

**FRANCISCAN ST. FRANCIS HEALTH - INDIANAPOLIS**

  
Robert J. Brody  
Title: President/CEO

Date: 10/31/14

Approved by Legal Department 

### First Amendment to Patient Transfer Agreement

The Patient Transfer Agreement ("Agreement"), by and between the Health and Hospital Corporation of Marion County d/b/a Eskenazi Health and Franciscan Alliance, Inc. d/b/a Franciscan St. Francis Health - Indianapolis, is hereby amended by incorporating this Exhibit A into the Agreement:

#### Exhibit A

1. **Criteria for Transfer:** Patients meeting the following criteria should be considered for transfer to the Smith Level I Shock Trauma Center at Eskenazi Health and/or Richard M. Fairbanks Burn Center at Eskenazi Health. The following criteria are not exhaustive and the referring physician shall maintain the discretion to refer appropriate transfers.
  - a. Carotid or vertebral injury.
  - b. Bilateral pulmonary contusion with  $\text{PaO}_2:\text{FiO}_2$  ratio less than 200.
  - c. Major abdominal vascular injury.
  - d. Grade IV or V liver injuries requiring transfusion of more than six units of red blood cells in six hours.
  - e. Unstable pelvic fracture requiring transfusion of more than six units of red blood cells in six hours.
  - f. Fracture or dislocation with loss of distal pulses.
  - g. Penetrating injuries or open fracture of the skull.
  - h. Glasgow Coma Scale score of less than 14 or lateralizing.
  - i. Spinal fracture or spinal cord deficit.
  - j. Complex pelvis/acetabulum fractures.
  - k. More than two unilateral rib fractures or bilateral rib fractures with pulmonary contusion (if no critical care consultation is available).
  - l. Significant torso injury with advanced comorbid disease (such as coronary artery disease, chronic obstructive pulmonary).
  - m. Burns consistent with American Burn Association Burn Center referral criteria.
2. **Communication Guidelines:** For a transfer of a patient to the Smith Level I Shock Trauma Center or the Richard M. Fairbanks Burn Center, physician to physician communication should occur via the Transfer Center (1-800-487-2862). The Transfer Center Personnel will connect the appropriate physician services. During this communication, the physicians will determine the most appropriate form of transport based on the patient's condition, travel distance, and weather conditions. In addition, the communication will consist of injuries or suspected injuries, current treatments, interventions prior to transfer and agreement on mode of transportation.
3. **Transportation Guidelines:** The referring physician and accepting physician will decide on mode of transportation. If the injury life- or limb- threatening, then air medical service is recommended if weather permitting. If ground transport is indicated, then the physicians will decide on BLS, ALS transport or critical care transport.
4. **Documentation Requirements:** The referring facility will complete the standard hospital approved transfer documentation form and send with the patient records to the referring facility.

5. **Performance Improvement and Patient Safety:** The receiving facility will provide confidential and protected patient follow-up information to the referring facility for performance improvement and patient safety. The referring facility will provide a contact person from receiving trauma program to discuss any process, operational or system issues prior, during or following transfer of injured patients. For communication regarding performance improvement activities:

Smith Level I Shock Trauma Center at Eskenazi Health  
Wendy St. John, RN, BSN  
Trauma Program Manager

**Referring Facility:**

Christine Claborn, MSN, RN, CEN  
(Trauma Program Manager)

6. **HIPAA Compliance.** Each party agrees that it will comply in all material respects with all federal and state mandated regulations, rules or orders applicable to privacy, security and electronic transactions, including without limitation, regulations promulgated under Title II Subtitle F of the Health Insurance Portability and Accountability Act, Public Law 104-191 ("**HIPAA**"). Each party shall agree to maintain appropriate Administrative, Physical and Technical Safeguards to protect the Confidentiality, Integrity and Availability of all such PHI in accordance with HIPAA as amended, including but not limited to the statutory amendments to HIPAA that were enacted under Title XIII of the American Recovery and Reinvestment Act of 2009 ("**ARRA**") which is entitled the Health Information Technology for Economic and Clinical Health ("**HITECH**") Act (hereinafter collectively referred to as "**HIPAA**") and other applicable requirements. Furthermore, the parties agree that should any future interpretation or modification of HIPAA or regulations, rules or orders promulgated thereunder require the modification or amendment of the Agreement or the execution of a new agreement between the parties, the parties shall in good faith negotiate same.

Eskenazi Health and Facility are each signing this Amendment on the date stated below that party's signature.

**THE HEALTH AND HOSPITAL CORPORATION OF MARION COUNTY D/B/A ESKENAZI HEALTH**

  
Larry Gossman, Associate VP of Supply Chain

Date: 8/11/2016

**FRANCISCAN ALLIANCE, INC. D/B/A FRANCISCAN ST. FRANCIS HEALTH - INDIANAPOLIS**

  
James T. Callaghan III, M.D.

Title: President/CEO

Date: 8/15/16

Approved by Legal Department 

Approved by Department 



**TRANSFER AGREEMENT  
BETWEEN  
FRANCISCAN ALLIANCE, INC.  
AND  
INDIANA UNIVERSITY HEALTH, INC.**

**THIS AGREEMENT** is entered into, by and between Franciscan Alliance, Inc. d/b/a Franciscan St. Francis Health - Indianapolis, an Indiana nonprofit corporation (hereinafter "HOSPITAL"), and Indiana University Health, Inc., an Indiana nonprofit corporation (hereinafter "IU Health").

**WHEREAS**, HOSPITAL is the owner and operator of the Franciscan St. Francis Health - Indianapolis hospital facility;

**WHEREAS**, the IU Health Academic Health Center in Indianapolis, Indiana includes IU Methodist Hospital, Riley Hospital for Children and IU University Hospital, a Level I adult trauma center at IU Methodist Hospital, a Level I pediatric trauma center at Riley Hospital, specialized research and teaching institutions, physician group practices and clinics, and other organizations related to the delivery and management of health care services; and

**WHEREAS**, HOSPITAL wishes to maintain a written agreement with IU Health for timely transfer of patients, including trauma patients, between their facilities;

**NOW THEREFORE**, in consideration of the mutual covenants contained herein, the parties agree as follows:

- I. Autonomy. The parties agree that each shall continue to have the exclusive control of the management, business and properties of their respective facilities, and neither party by virtue of this Agreement assumes any liability for any debts or obligations of the other party to the Agreement.
- II. Transfer of Patients. Whenever a transfer of a patient from HOSPITAL to IU Health is determined by medical staff at HOSPITAL to be medically necessary and appropriate, HOSPITAL shall notify IU Health of the proposed transfer request and provide such medical and personal patient information as necessary and appropriate to assist IU Health in evaluating and assuming the medical care of the patient upon patient's arrival. IU Health and HOSPITAL shall develop and adhere to any necessary protocols to facilitate such communication and transfer. HOSPITAL shall give notice to IU Health as far in advance as reasonably possible of a proposed transfer. HOSPITAL shall arrange for transportation of the patient. IU Health shall not be responsible for the notification and the safe transfer of the patient to the applicable IU Health facility except to the extent that IU Health is actually involved in providing the transport service.
- III. Admission Priorities. Admissions to IU Health shall be in accordance with IU Health's general admission policies and procedures and in accordance with IU Health's Medical Staff Bylaws and Rules and Regulations. IU Health is not

required to give priority of admission to patients to be transferred from HOSPITAL over patients from other transferring facilities. IU Health reserves the right to decline acceptance of a HOSPITAL patient transfer if IU Health is on diversion or otherwise does not have appropriate, available resources to treat the patient.

- IV. Medicare Participation. During the term of this Agreement, and any extensions thereof, HOSPITAL and IU Health agree to meet and maintain all necessary Medicare Conditions of Participation and coverage so as to remain approved providers thereunder. HOSPITAL and IU Health shall each be responsible for complying with all applicable federal and state laws.
- V. Compliance. HOSPITAL and IU Health agree that any services provided under this Agreement will comply in all material respects with all federal and state mandated regulations, rules or orders applicable to IU Health and/or HOSPITAL, including, but not limited, to regulations promulgated under Title II, Subtitle F of the Health Insurance Portability and Accountability Act (Public Law 104-91) - "HIPAA" and Title XVIII, Part D of the Social Security Act (42 U.S.C. § 1395dd) - "EMTALA". Furthermore, HOSPITAL and IU Health shall promptly amend the Agreement to conform with any new or revised legislation, rules and regulations to which HOSPITAL and/or IU Health is subject now or in the future including, without limitation, the Standards of Privacy of Individually Identifiable Health Information or similar legislation (collectively, "Laws") in order to ensure that HOSPITAL and IU Health are at all times in conformance with all Laws. If, within ninety (90) days of either party first providing notice to the other of the need to amend the Agreement to comply with Laws, the parties acting in good faith, are (i) unable to mutually agree upon and make amendments or alterations to this Agreement to meet the requirements in question, or (ii) alternatively, the parties determine in good faith that amendments or alterations to the requirements are not feasible, then either party may terminate this Agreement immediately.
- VI. Interchange of Information and Medical Records. HOSPITAL and IU Health agree to transfer medical and other information and medical records which may be necessary or useful in the care and treatment of patients transferred hereunder as required and permitted by all applicable federal and state laws. Such information shall be provided by HOSPITAL and IU Health in advance, when possible, and where permitted by applicable law. HOSPITAL shall commit to subscribing to a spoke connection to the IU Health Radiology Cloud in order to enhance the timely transmission and reading of diagnostic images at IU Health for transferred patients, particularly trauma patients.
- VII. Consent to Medical Treatment. To the extent available, HOSPITAL agrees to provide IU Health with information and assistance, which may be needed by, or helpful to, IU Health in securing consent for medical treatment for the patient.
- VIII. Transfer of Personal Effects and Valuables. Procedures for effecting the transfer of personal effects and valuables of patients shall be developed by the parties and

subject to the instructions of the attending physician and of the patient and his or her family where appropriate. A standard form shall be adopted and used for documenting the transfer of the patient's personal effects and valuables. HOSPITAL shall be responsible for all personal effects and valuables until such time as possession is accepted by IU Health.

- IX. Financial Arrangements. Each party shall each be responsible for billing and collecting for the services which it provides to the patient transferred hereunder from the patient, third party payor or other sources normally billed by each institution. Neither party shall assume any liability by virtue of this Agreement for any debts or other obligations incurred by the other party to this Agreement.
- X. Return Transfer of Patients. HOSPITAL will accept transferred patients back from IU Health when medically appropriate and in the best interests of the patient.
- XI. Professional and General Liability Coverage. Throughout the term of this Agreement and for any extension(s) thereof, HOSPITAL and IU Health shall each maintain professional and general liability insurance coverage with limits reasonably acceptable to the other party. Each party shall provide the other party with proof of such coverage upon request. HOSPITAL and IU Health shall each maintain qualification as a qualified health care provider under the Indiana Medical Malpractice Act, as amended from time to time, including, but not limited to, proof of financial responsibility and payment of surcharge assessed on all health care providers. Each party shall provide the other party with proof of such qualification upon request.
- XII. Indemnification.
- 12.1. HOSPITAL Indemnification. HOSPITAL agrees that it will indemnify and hold harmless IU Health, its officers, agents, and employees from any loss, cost, damage, expense, attorney's fees, and liability by reason of bodily injury, property damage, or both of whatsoever nature or kind, arising out of or as a result of the sole negligent act or negligent failure to act of HOSPITAL or any of its agents or employees.
- 12.2. IU Health Indemnification. IU Health agrees that it will indemnify and hold harmless HOSPITAL, its officers, agents, and employees from any loss, cost, damage, expense, attorney's fees, and liability by reason of personal injury or property damage of whatsoever nature or kind, arising out of or as a result of the sole negligent act or failure to act of IU Health or any of its employees or agents.
- XIII. Term and Termination.
- 13.1. Term. The term of this Agreement is for a period of one (1) year from the date hereof, with an automatic renewal of successive one (1) year periods unless on or before sixty (60) calendar days prior to the expiration of the annual term, one party notifies the other, in writing, that the Agreement is

not to be renewed, in which event the Agreement will be terminated at the expiration of the then current annual term.

13.2. Termination.

13.2-1 Either party may terminate this Agreement with or without cause at any time by providing written notice to the other party at least sixty (60) days in advance of the desired termination date.

13.2-2 The Agreement shall terminate immediately and automatically if (i) either IU Health or HOSPITAL has any license revoked, suspended, or nonrenewed; or (ii) either party's agreement with the Secretary of Health and Human Services under the Medicare Act is terminated.

13.2-3 Except as provided for elsewhere in this Agreement, either party may declare this Agreement terminated if the other party does not cure a default or breach of this Agreement within thirty (30) calendar days after receipt by the breaching party of written notice thereof from the other party.

XIV. Notices. Notices or communication herein required or permitted shall be given the respective parties by registered or certified mail, documented courier service delivery or by hand delivery at the following addresses unless either party shall otherwise designate its new address by written notice:

HOSPITAL

Franciscan Health Alliance, Inc.dba  
Franciscan St. Francis Health –  
Indianapolis  
8111 South Emerson  
Indianapolis, IN 46237

Attention: President/CEO

IU Health

Indiana University Health, Inc.  
340 West 10<sup>th</sup> Street, Suite 6100  
Indianapolis, IN 46206-1367

Attention: President/CEO  
General Counsel

XV. Assignment. Assignments of this Agreement or the rights or obligations hereunder shall be invalid without the specific written consent of the other party herein.

XVI. Nonexclusive Clause. This is not an exclusive Agreement and either party may contract with other institutions for the transfer of patients while this Agreement is in effect.

XVII. Governing Law. This Agreement shall be construed and governed by the laws of the State of Indiana. The venue for any disputes arising out of this Agreement shall be Marion County, Indiana.

- XVIII. Waiver. The failure of either party to insist in any one or more instance upon the strict performance of any of the terms or provisions of this Agreement by the other party shall not be construed as a waiver or relinquishment for the future of any such term or provision, but the same shall continue in full force and effect.
- XIX. Severability. If any provision of this Agreement is held by a court of competent jurisdiction to be unenforceable, invalid or illegal, such unenforceability, invalidity or illegality shall not affect any other provision hereof, and this Agreement shall be construed as if such provision had never been contained herein.
- XX. Section and Other Headings. The article and other headings contained in this Agreement are for reference purposes only and shall not affect in any way the meaning or interpretation of this Agreement.
- XXI. Amendments. This Agreement may be amended only by an instrument in writing signed by the parties hereto.
- XXII. Entire Agreement. This Agreement is the entire Agreement between the parties and may be amended or modified only by a written amendment hereto duly executed by both parties.
- XXIII. Execution. This Agreement and any amendments thereto shall be executed in duplicate copies on behalf of HOSPITAL and IU Health by an official of each, specifically authorized by its respective Board to perform such executions. Each duplicate copy shall be deemed an original, but both duplicate originals together constitute one and the same instrument.

(Remainder of Page Intentionally Left Blank)

IN WITNESS WHEREOF, the duly authorized officers and representatives of HOSPITAL and IU Health have executed this Agreement the 26 day of Jan, 2014.<sup>5</sup>

HOSPITAL:

FRANCISCAN ALLIANCE, INC.

By: [Signature]

Title: President/CEO

Approved by Legal Department [Signature]

AND

IU HEALTH:

INDIANA UNIVERSITY HEALTH, INC.

By: [Signature]

Herbert C. Buchanan, M.D.  
President, IU Health Methodist and  
Indiana University Hospitals

By: [Signature]

Jeffrey Sperring, M.D.  
President, Riley Hospital at IU Health

**FIRST AMENDMENT TO TRANSFER AGREEMENT  
BETWEEN FRANCISCAN ALLIANCE, INC.  
AND INDIANA UNIVERSITY HEALTH, INC.**

THIS AMENDMENT to the Transfer Agreement between Franciscan Alliance, Inc. d/b/a Franciscan St. Francis Health - Indianapolis, an Indiana nonprofit corporation (hereinafter "HOSPITAL"), and Indiana University Health, Inc., an Indiana nonprofit corporation (hereinafter "IU Health") is entered into on March 9<sup>th</sup>, 2016.

WHEREAS, on January 26, 2015, HOSPITAL and IU Health entered into Transfer Agreement ("Agreement") to maintain a written agreement with IU Health for timely transfer of patients, including trauma patients, between their facilities;

WHEREAS, the parties now desire to amend the Agreement to incorporate Transfer Guidelines recommended by the American College of Surgeons;

NOW THEREFORE, in consideration of the mutual covenants contained herein, the parties agree as follows:

1. The following sentence shall be added to Section II of the Agreement "Transfer of Patients" and the referenced Exhibit A, attached hereto, shall be incorporated in to the Agreement:

"IU Health and HOSPITAL shall develop and adhere to any necessary protocols to facilitate such communication and transfer, including IU Health's Trauma Patient Transfer Guidelines ("Guidelines"). The Guidelines are attached as Exhibit A."

IN WITNESS WHEREOF, the duly authorized officers and representatives of HOSPITAL and IU Health have executed this Agreement the 17 day of April, 2016.

FRANCISCAN ALLIANCE, INC.

d/b/a Franciscan St. Francis Health:

By: J.T. G

Title: President/CEO

INDIANA UNIVERSITY HEALTH, INC.

By: Herbert C. Buchanan

Herbert C. Buchanan  
President, IU Health Methodist and  
Indiana University

By: Paul Haut, M.D.

Paul Haut, M.D.  
Interim President, Riley Hospital at IU  
Health

Approved by Legal Department [Signature]

Approved by Department CC

**Exhibit A**  
**Trauma Patient Transfer Guidelines**

1. **Criteria for Transfer:** Patients meeting the following criteria should be considered for transfer to IU Health's Level I adult trauma center at IU Methodist Hospital, a Level I pediatric trauma center at Riley Hospital. The following criteria are not inclusive and the referring physician shall maintain the discretion to refer appropriate transfers.
  - a. Carotid or vertebral arterial injuries
  - b. Torn thoracic aorta or great vessel
  - c. Cardiac rupture
  - d. Bilateral pulmonary contusion with PaO<sub>2</sub>:FiO<sub>2</sub> ratio less than 200
  - e. Major abdominal vascular injury
  - f. Grade IV or V liver injury requiring transfusion of more than 6 units of red blood cells in 6 hours
  - g. Unstable pelvic fracture requiring transfusion of 6 units of red blood cells in 6 hours
  - h. Fracture or dislocation with loss of distal pulses
  - i. Penetrating injuries or open fracture of skull
  - j. Glasgow Coma Scale of less than 14 or lateralizing
  - k. Spinal fracture or spinal cord deficit
  - l. Complex Pelvis/acetabulum fractures
  - m. More than two unilateral rib fractures or bilateral rib fractures with pulmonary contusion (if no critical care consultation is available)
  - n. Significant torso injury with advanced comorbid disease (such as coronary artery disease, chronic obstructive pulmonary)
  - o. Subspecialty service
2. **Communication Guidelines:** For a transfer of a patient to the Level I adult trauma center at IU Methodist Hospital physician to physician communication will occur via the IU Health Adult Transfer Center (1-877-247-1177). For a transfer of a patient to the Level I pediatric trauma center at Riley Hospital, physician to physician communication



will occur via the IU Health Neonatal/Pediatric Transfer Center (1-877-447-4593). The Transfer Center Personnel will connect the appropriate physician services. During this communication, the physicians will determine the most appropriate form of transport based on the patient's condition, travel distance, and weather conditions. In addition, the communication will consist of injuries or suspected injuries, current treatments, interventions prior to transfer and agreement on mode of transportation.

3. **Transportation Guidelines:** The referring physician and accepting physician will decide on mode of transportation. If injury life or limb threatening, then air medical service is recommended if weather permitting. If ground transport is indicated, then the physicians will decide on BLS, ALS or critical care transport.
4. **Documentation Requirements:** The referring facility will complete the standard hospital approved transfer documentation form and send with the patient records to the referring facility.
5. **Performance Improvement and Patient Safety:** The receiving facility will provide confidential and protected patient follow-up information to the referring facility for performance improvement and patient safety. The referring facility will provide a contact person from receiving trauma program to discuss any process, operational or system issues prior, during or following transfer of injured patients. For communication regarding performance improvement activities:

Riley Hospital for Children  
Dawn M Daniels, PhD, RN, PHCNS-BC  
Trauma Program Manager

Methodist Hospital  
Melissa ("Missy") Hockaday, MSN, ACNP-BC  
Service Line Leader, Executive Trauma & Acute Care Surgery

Franciscan St. Francis Health - Indianapolis  
Christine Claborn, BSN, RN, CEN

**TRAUMA PATIENT TRANSFER AGREEMENT**  
**BETWEEN**  
**FRANCISCAN ST. FRANCIS HEALTH**  
**AND**  
**ST. VINCENT HOSPITAL AND HEALTH CARE CENTER, INC.**

**THIS AGREEMENT** made and entered into by and between St. Vincent Hospital and Health Care Center, Inc., an Indiana nonprofit corporation, (hereinafter "Hospital") and Franciscan Alliance, Inc. d/b/a Franciscan St. Francis Health (hereinafter "FSFH").

**WITNESSETH:**

**WHEREAS**, Hospital is the owner and operator of a general, acute care hospital known as St. Vincent Hospital and Health Care Center, Inc., with facilities in Indianapolis, Indiana, and in which there is located an emergency department, medical and surgical services and outpatient services; and

**WHEREAS**, FSFH owns and operates an acute care hospital located in Indianapolis, Indiana; and

**WHEREAS**, Both parties to this Agreement desire to assure continuity of care and treatment appropriate to the needs of each trauma patient at FSFH and the Hospital; and

**WHEREAS**, In order to assure continuity of care for FSFH's trauma patients in need of inpatient hospital service, FSFH desires to transfer trauma patients who meet Hospital's admission criteria to Hospital, as needed; and

**WHEREAS**, Hospital is willing to receive and to provide inpatient hospital services to Facility's patients who meet Hospital's admission criteria, as needed;

**NOW THEREFORE**, in consideration of the mutual covenants contained herein, the parties agree as follows:

**I. AUTONOMY**

The parties agree that each shall continue to have the exclusive control of the management, business and properties of their respective institutions, and neither party by virtue of this Agreement assumes any liability for any debts or obligations of the other party to the Agreement.

**II. TRANSFER OF TRAUMA PATIENTS**

- 2.1 Transfer of Trauma Patient to Hospital. Whenever the emergency room physician, attending physician, or surgeon of a trauma patient determines that a transfer of a trauma patient from FSFH to Hospital is medically necessary and appropriate, FSFH shall take whatever steps are reasonably necessary to affect a transfer of a trauma patient to the Hospital as promptly as possible. FSFH shall give notice to the Hospital as far in advance as possible of an impending transfer. FSFH shall arrange for, and pay for to the extent not covered by a third party,

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appropriate transportation of the trauma patient. Responsibility for notification and the safe transfer of the trauma patient shall be that of FSFH.

- 2.2 Notification. FSFH will make its best effort to notify the appropriate Hospital department regarding the trauma patient's need for assistance upon arrival at Hospital, prior to trauma patient's transport.
- 2.3 Acceptance. Hospital reserves the right to decline a transfer when there is inadequate space available, or when the Hospital lacks the capability to care for the patient. Any restrictions or criteria relating to the transfer of patients will be the same as those applied by Hospital to all other potential patients of the Hospital.

### **III. ADMISSION PRIORITIES**

Admissions to the Hospital shall be in accordance with its general admission policies and procedures and in accordance with the Medical Staff Bylaws and rules and regulations. Nothing in this Agreement shall be construed to require the Hospital to give priority of admission to trauma patients being transferred from FSFH, or to accept any patient from FSFH if Hospital does not have the capacity to appropriately care for the patient.

### **IV. DISCLAIMER REGARDING ADMISSIONS**

The parties expressly agree that nothing contained in this Agreement shall, either explicitly or implicitly, require or obligate FSFH to utilize, arrange for, or recommend Hospital services or to admit any patients whatsoever to Hospital. Furthermore, this Agreement shall not be deemed to be in any manner an inducement for any referrals of patients or other business generated by FSFH or Hospital whatsoever.

### **V. MEDICARE PARTICIPATION**

During the term of this Agreement, and any extensions thereof, FSFH agrees to meet and maintain all necessary Medicare Conditions of Participation and coverage so as to remain an approved provider thereunder. FSFH shall be responsible for complying with all applicable federal and state laws. In addition, FSFH agrees to maintain all licensure requirements promulgated by the Indiana State Department of Health.

### **VI. EXCHANGE OF INFORMATION AND MEDICAL RECORDS**

FSFH and Hospital agree to exchange medical and other information, including medical records (or copies thereof), which may be necessary or useful in the care and treatment of trauma patients transferred hereunder as required and permitted by all applicable federal and state laws. Such information shall be provided by and between FSFH and Hospital, by telephone or hard copy as appropriate, prior to any services provided hereunder where possible, or when such information becomes known. All such information shall be recorded on a transfer and referral form which shall be mutually agreed upon by the parties.

### **VII. CONSENT TO MEDICAL TREATMENT**

FSFH shall be responsible for obtaining appropriate consent to the transfer of the patient to the Hospital prior to the transfer. FSFH agrees to provide the Hospital with information which may be needed by, or helpful to, the Hospital in securing consent for medical treatment for the trauma patient.

### **VIII. TRANSFER OF PERSONAL EFFECTS AND VALUABLES**

FSFH shall be responsible for effecting the transfer of any personal effects, particularly money and valuables, of patients hereunder, except that Hospital shall be responsible for such personal effect pursuant to applicable Hospital policy while patients are at Hospital. A standard form shall be used for affecting the transfer of the trauma patient's personal effects and valuables.

#### **IX. FINANCIAL ARRANGEMENTS**

Reimbursement from the patient, Medicare, Medicaid, or other third party payor (collectively referred to as the "Appropriate Payor"), for claims and charges incurred with respect to the trauma services shall be the responsibility of the party which directly provides such services, unless applicable law and regulations require that one party bill the other party for certain services. .

#### **X. INSURANCE**

- 10.1 Worker's Compensation. Hospital and FSFH shall carry Worker's Compensation Insurance covering all of its employees per statutory limits performing services, and Employer's Liability insurance in an amount not less than \$1,000,000.00. Said Worker's Compensation policies shall contain an endorsement waiving subrogation rights against the other party.
- 10.2 Comprehensive and Property Damage Liability. Hospital and FSFH shall carry occurrence form Primary Commercial General Liability in minimum limits of One Million Dollars and 00/100 (\$1,000,000.00) each occurrence and Two Million Dollars and 00/100 (\$2,000,000.00) general aggregate, combined single limit on One Million Dollars and 00/100 (\$1,000,000.00) bodily injury and One Million Dollars and 00/100 (\$1,000,000.00) property damage and Two Million Dollars and 00/100 (\$2,000,000.00) general aggregate. Such policy shall also include contractual liability protection insurance to satisfy the party's indemnification obligations set forth in Article XII below.
- 10.2 General Liability. Hospital and FSFH shall carry occurrence form Primary Commercial General Liability in minimum limits of \$1,000,000 each occurrence and \$3,000,000 annual aggregate. Such policy shall also include contractual liability protection insurance.
- 10.3 Professional Liability. Hospital and FSFH shall each maintain in full force and effect during the entire period of the Agreement such limits, policies of professional liability insurance, and pay all appropriate surcharge amounts as shall be required to qualify each party and its employees as "Qualified Providers" under the Indiana Medical Malpractice Act (the "Act") as outlined at Indiana Code § 34-18, and to insure all parties against any claim or claims for damage arising by reason of bodily injuries or death occasioned directly or indirectly in connection with the performance of any medical service provided hereunder and medical activities performed by either of the parties in connection with this Agreement.

It is agreed that either party may choose to provide coverage through a program of self-insurance. Any insurance coverage not provided through a program of self-insurance shall be placed with an A.M. Best Rated Insurance Company with no less than an A-

Rating and licensed to provide insurance in the State of Indiana unless FSFH provides insurance through the Hills Insurance Company, Inc. Further, each party hereby agrees to notify the other immediately of the termination, expiration, or cancellation of any of its insurance coverage or loss of such qualified health care provider status.

Any insurance which is placed on a claims made basis will be required to have an unlimited extended reporting period ("tail") providing coverage for any claim or incident that occurred during the term of this Agreement but not reported until after the termination unless each and every claims made renewal policy hereafter is renewed with prior acts covering the term of this Agreement.

## **XI. INDEMNIFICATION**

- 11.1 FSFH Indemnification. FSFH agrees that it will indemnify and hold harmless the Hospital, its officers, agents, and employees from any loss, cost, damage, expense, attorney's fees, and liability by reason of bodily injury, property damage, or both of whatsoever nature or kind, arising out of or as a result of the negligent act or negligent failure to act of FSFH or any of its agents or employees.
- 11.2 Hospital Indemnification. The Hospital agrees that it will indemnify and hold harmless FSFH, its officers, agents, and employees from any loss, cost, damage, expense, attorney's fees, and liability by reason of bodily injury, property damage, or both of whatsoever nature or kind, arising out of or as a result of the negligent act or failure to act of the Hospital, its employees or agents or arising out of the failure of equipment or the malfunction of equipment owned and maintained by the Hospital so long as the malfunction or failure is not caused by the negligence of FSFH or its agents or employees.

## **XII. TERM AND TERMINATION**

- 12.1 Term and Renewal. The term of this Agreement is for a period of one (1) year, commencing on the date fully executed. Thereafter, this Agreement shall automatically renew for successive one (1) year terms unless on or before sixty (60) days from the expiration of an annual term one party notifies the other, in writing, that the Agreement is not to be renewed, in which even the Agreement shall terminate at the expiration of the then current term.
- 12.2 Termination. Notwithstanding Section 12.1, this Agreement may be terminated as follows:
- 12.2.1 Termination by Agreement. In the event Hospital and FSFH shall mutually agree in writing, this Agreement shall be terminated on the terms and date stipulated therein.
- 12.2.2 Early Termination. This Agreement may be terminated by either party at any time upon the provision of ninety (90) days' prior written notice to the other party.
- 12.2.3 Automatic Termination. This Agreement Shall immediately and automatically terminate if:

- (a) Either the Hospital or FSPH has its license issued to it by the State of Indiana revoked, suspended, or not renewed; or
- (b) Either party's agreement with the Secretary of Health and Human Services under the Medicare Acts is terminated.

12.2 Facility Changes. During the term of this Agreement, FSPH shall notify Hospital regarding: (1) FSPH ownership change; (2) FSPH name change; or (3) an appointment of a new Administrator and/or Hospital-FSPH liaison person, as soon as practicable after the change.

### **XIII. ETHICAL AND RELIGIOUS DIRECTIVES**

Parties acknowledge that Hospital conducts its operation in a manner consistent with the Ethical and Religious Directives for Catholic Health Care Services as promulgated by the United States Conference of Catholic Bishops, Washington D.C., of the Roman Catholic Church or its successor ("Directives"). It is the intent and agreement of the parties that neither this Agreement nor any part hereof shall be construed to require Hospital to violate said Directives in its operation, and all parts of this Agreement must be interpreted in a manner that is consistent with said Directives.

### **XIV. NOTICES**

Notices or communication herein required or permitted shall be given the respective parties by registered or certified mail (said notice being deemed given as of the date of mailing) or by hand delivery at the following addresses unless either party shall otherwise designate its new address by written notice:

#### **FSPH**

Franciscan St. Francis Health  
Attn: Robert J. Brody, President/CEO  
8111 S. Emerson Avenue  
Indianapolis, IN 46237

#### **HOSPITAL**

Kyle DeFur  
President  
St. Vincent Hospital and  
Health Care Center, Inc.  
2001 West 86<sup>th</sup> Street  
Indianapolis IN 46260

Copy to: St. Vincent Contract Management  
8402 Harcourt Road, Suite 823  
Indianapolis, IN 46260

### **XV. REGULATORY AND STATUTORY COMPLIANCE**

Hospital and FSPH agree that this Agreement shall be performed in accordance with all applicable Indiana State and Federal laws, regulations, and accreditation requirements which govern this Agreement. These include, but are not limited to the requirements concerning patient admissions and transfers as specified by the Indiana State Department of Health, the Emergency Medical Treatment and Labor Act, and the Comprehensive Accreditation Manual for Hospitals from The Joint Commission standards.

#### **XVI. HEALTH INSURANCE PORTABILITY AND ACCOUNTABILITY ACT**

Each party agrees that it will comply in all material respects with all federal and state mandated regulations, rules or orders applicable to privacy, security and electronic transactions, including without limitation, regulations promulgated under Title II Subtitle F of the Health Insurance Portability and Accountability Act (Public Law 104-191) ("HIPAA") and as amended by the Health Information and Technology for Economic and Clinical Health Act ("HITECH"). Furthermore, the parties shall promptly amend the Agreement to conform with any new or revised legislation, rules and regulations to which Hospital is subject now or in the future including, without limitation, the Standards for Privacy of Individually Identifiable Health Information or similar legislation (collectively, "Laws") in order to ensure that Hospital is at all times in conformance with all Laws. If, within thirty (30) days of either party first providing notice to the other of the need to amend the Agreement to comply with Laws, the parties, acting in good faith, are (i) unable to mutually agree upon and make amendments or alterations to this Agreement to meet the requirements in question, or (ii) alternatively, the parties determine in good faith that amendments or alterations to the requirements are not feasible, then either party may terminate this Agreement upon thirty (30) days prior written notice.

#### **XVII. ACCESS TO BOOKS AND RECORDS**

17.1 Access to Books and Records. In order to assure that compensation paid to the parties is included in determining their proper reimbursement under Medicare and Medicaid, the Parties agree that if this Agreement is determined to be a contract within the purview of §1861(v)(1)(I) of the Social Security Act (§952 of the Omnibus Reconciliation Act of 1980) and the regulations promulgated in implementation thereof at 42 CFR Part 420, the Parties agree to make available to the Comptroller General of the United States, the Secretary of the Department of Health and Human Services, and their duly authorized representatives, access to the books, documents and records of parties, and such other information as may be required by the Comptroller General or Secretary to verify the nature and extent of the costs of services provided by parties. If either party carries out the duties of the Agreement through a subcontract worth Ten Thousand Dollars and 00/100 (\$10,000.00) or more over a twelve (12) month period with a related organization, the subcontract will also contain an access clause to permit access by the Comptroller General and Secretary to the related organization's books and records.

17.2 Compliance. If either party refuses to make the books, documents and records available for said inspection and if the other Party is denied reimbursement for said services based on such refusal, each Party agrees to indemnify the other party for such loss or reduction in reimbursement. The obligation of the parties to make records available shall extend for four (4) years after the furnishing of the latest services under this Agreement or any renewal thereof.

#### **XVIII. CORPORATE RESPONSIBILITY**

Hospital has in place a Corporate Compliance Program ("Program") which has as its goal to ensure that the Hospital complies with federal, state and local laws and regulations. The Program focuses on risk management, the promotion of good corporate citizenship, including the commitment to uphold a high standard of ethical and legal business practices, and the prevention of misconduct. FSPH acknowledges Hospital's commitment to corporate compliance and agrees to conduct all business transactions which occur

pursuant to this Agreement in accordance with the underlying philosophy of corporate compliance adopted by Hospital. FSPH shall acknowledge and respect the freedom of patients to participate in health care decision-making, and shall honor patient choice in the selection of health care providers. FSPH further agrees to disclose immediately any proposed or actual debarment, exclusion or other event that makes FSPH ineligible to participate in Federal health care programs or Federal procurement or non-procurement programs

**XIX. AFFIRMATIVE ACTION**

The parties hereby incorporate the requirements of 41 CFR §§60.14(a)(7), 60-250.5(d), 60-300.5(d) and 60-741.5(d), if applicable.

**XX. ASSIGNMENT**

Assignments of this Agreement or the rights or obligations hereunder shall be invalid without the specific written consent of the other party herein, except that this Agreement may be assigned by the Hospital without the written approval of FSPH to any successor entity operating the facility now operated by the Hospital or to a related organization. "Related or Affiliated Organization" shall mean an entity whose sole member or owner is St. Vincent Hospital and Health Care Center, Inc.; St Vincent Health, Inc., Ascension Health; or one of their subsidiaries.

**XXI. CONFIDENTIALITY**

Hospital and FSPH agree that the terms and conditions of this Agreement shall remain confidential. Neither Hospital nor FSPH shall distribute this Agreement, or any part thereof, or reveal any terms of this Agreement to parties other than the parties hereto, or their employees or agents, unless expressly allowed or required by law or with the express written consent of the other party.

**XXII. GOVERNING LAW**

This Agreement shall be governed by the laws of the state of Indiana, without giving effect to its conflicts of law provisions.

**XXIII. AMENDMENTS**

This Agreement may be amended only by an instrument in writing signed by the parties hereto.

**XXIV. SEVERABILITY**

In the event that any provision hereof is found invalid or unenforceable pursuant to judicial decree or decision, the remainder of this Agreement shall remain valid and enforceable according to its terms.

**XXV. WAIVER OF BREACH**

The waiver by either party of a breach or violation of any provision of this Agreement shall not operate as, nor be construed to be, a waiver of any subsequent breach hereof.

**XXVI. NON-EXCLUSIVE**

Nothing in this Agreement shall be construed as limiting the rights of either party to affiliate or contract with any other hospital or facility on either a limited or general basis while this Agreement is in effect.



#### **XXVII. STATUS OF THE PARTIES**

In carrying out the terms of this Agreement, the parties agree that each is acting as an independent contractor and not as an agent or employee of the other. Each party agrees to pay, as they become due, all federal and state withholdings and income taxes, including social security taxes due and payable on the compensation earned by each Party and each Party agrees to hold the other harmless from any taxes, penalties or interest which might arise by its failure to do so.

#### **XXVIII. PATIENT CHOICE**

Each party shall acknowledge and respect the freedom of patients to participate in health care decision-making, and shall honor patient choice in the selection of health care providers.

#### **XXIX. ADVERTISING AND PUBLICITY**

Neither party shall use the name of the other party in any promotional or advertising material unless review and approval of the intended use is first obtained, in writing, from the party whose name is to be used.

#### **XXX. ENTIRE AGREEMENT**

This Agreement is the entire agreement between the parties and may be amended or modified only by a written amendment hereto duly executed by both parties.

#### **XXXI. EXECUTION**

This Agreement and any amendments thereto shall be executed in duplicate copies on behalf of the Hospital and FSFH by an official of each, specifically authorized by its respective Board to perform such executions. Each duplicate copy shall be deemed an original, but both duplicate originals together constitute one and the same instrument.

IN WITNESS WHEREOF, the duly authorized representatives of the Hospital and FSFH have executed this Agreement the dates written below.

St. Vincent Hospital and Health Care Center, Inc.

By: 

Erica Wehrmeister  
Chief Operating Officer

Date: 2/24/15

Franciscan St. Francis Health

By: 

Robert J. Brody, President & CEO

Date: 2/13/15

Approved by Legal Department 

# Operating Room Staff and Equipment

**Trauma Operating room, staff and equipment:** There must be prompt availability of a Trauma Operating Room (OR), an appropriately staffed OR team, essential equipment (including equipment needed for a craniotomy) and anesthesiologist services twenty-four (24) hours per day. The application must also include a list of essential equipment available to the OR and its staff. Anesthesiologists must be promptly available for emergency operations. The center must have an identified anesthesia liaison for the trauma program.

a. **Documentation required:**

- i. List of essential equipment as outlined in Resources for Optimal Care of the Injured Patient resource.
- ii. Policy/guideline outlining staffing procedures for emergent trauma procedures (including OR staff and anesthesia).
- iii. Anesthesiology liaison CV.

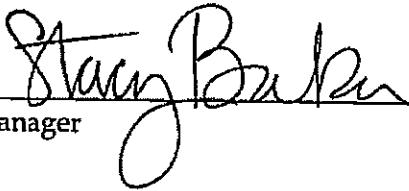
**Evidence:**

- i. List of essential equipment
- ii. Staffing guideline
- iii. Anesthesiology liaison CV – Kurt Terrell MD

## Operating Room Equipment

Essential equipment listed in *Resources for Optimal Care of the Injured Patient*

1. Rapid infusers
  - a. Belmont Rapid infuser available in Main OR and Cardiovascular OR
2. Thermal control equipment
  - a. Bair huggers pre-op, intra-op, post-op
  - b. Prewarmed fluids available, stored in fluid warmer
  - c. Hot Line available
3. Intraoperative radiologic capabilities:
  - a. C-Arms, O-Arm, Mini C-Arm available 24/7
4. Equipment for fracture fixation:
  - a. Fracture items for positioning, imaging, stabilizing
  - b. Instruments and implants
  - c. Chic Table onsite 24/7
  - d. Normal OR tables onsite 24/7
  - e. Hana Table on site 24/7
  - f. Flat Jackson Table onsite 24/7
5. Equipment for bronchoscopy and gastrointestinal endoscopy
  - a. Scopes and other equipment available through endoscopy department
  - b. Accessible 24/7

  
\_\_\_\_\_  
OR Manager

11/21/19  
Date

Current Status: Active

PolicyStat ID: 6054860



**Franciscan**  
ALLIANCE

Original: 4/1/2001  
Last Reviewed: 6/5/2019  
Last Revised: 6/5/2019  
Next Review: 6/4/2022  
Responsible Party: Marci Bennett: Director  
Patient Care Services  
Policy Area: Administration  
References: Policy  
Applicability: Franciscan Health Carmel,  
Indianapolis

## Scheduling for Surgery and Procedures in Surgical Services, Endoscopy and Heart Center Policy

9/12/16 Franciscan Alliance hospital facility names were changed. See Hospital Listing document for new name changes and previous names.

### Keywords:

add-on, anesthesia, anesthesia in charge, block time, INOR, Cath lab, Carmel, CVOR, CVU, EP lab, Indianapolis, IR, move-up

### Purpose:

The standard of practice includes scheduling of patients for surgery, endoscopy and cardiovascular procedures (INOR, CVOR, CMOR, EP/Cath Lab/TEE, ENDO/MRI/IR) that is "organized and staffed in such a manner to ensure the health and safety of patients"<sup>1</sup>, and "policies governing surgical care should contain scheduling of patients for surgery".<sup>2</sup>

This policy addresses HFAP Standard Elements:

- 30.00.00 Condition of Participation: Surgical Services
- 30.00.05 Surgical Privileges
- 30.00.09 Standards of Practice
- 30.01.00 Condition of Participation: Medical Leadership for Anesthesia Services
- 30.01.01 Organizational Structure

### Scope:

Surgery and Surgery Scheduling Offices at Carmel and Indianapolis Campuses, including the Heart Center; Endoscopy; Cath Lab, Electrophysiology (EP) Lab; MRI, Interventional Radiology.

### Responsible Persons:

All persons involved in scheduling surgical cases

## Procedure:

- A. Refer to "Surgical Services Block Scheduling Policy" for all scheduling within the Surgery Department.
  - 1. Anesthesiologists determine anesthesia assignments so that "organization of anesthesia services [is] appropriate to the scope of services offered".<sup>3</sup>
  - 2. All anesthesia coverage is coordinated through the Surgery Scheduling office, including INOR, CVOR, CMOR, Endoscopy, MRI, EP Lab, Cath Lab, TEE coverage and Interventional Radiology (IR) coverage.
- B. Surgery Time
  - 1. The Surgeon's office will inform the Indianapolis Surgery Scheduling Office of the time estimated to perform a case.
  - 2. 30 minutes will be added to all cases requesting one hour or longer.
  - 3. Cases requesting less than one hour will have 15 minutes added to the room time.
- C. Franciscan Health Surgical Service Business Calendar (FHSSBC) will be set for the following year in November of the current year by the Surgery Scheduling Department (i.e. November of 2017 for Calendar Year 2018).<sup>5</sup>
  - 1. Input will be sought from:
    - a. All stakeholders in system (INOR, CVOR, CMOR, ENDO/MRI/IR and EP/Cath Lab/TEE)
    - b. Hospital Administration
    - c. Anesthesia Department
  - 2. Hospital Holidays: Are set and treated like any weekend day with regards to staffing. If an actual holiday falls on the weekend, clarification will be necessary to determine when the holiday will be "observed." These dates are:
    - a. Memorial Day
    - b. Labor Day
    - c. Independence Day
    - d. Thanksgiving
    - e. Christmas Day
    - f. New Year's Day
  - 3. Other "prime" time periods considered for block reduction may include:
    - a. CV Symposium - Day dependent on event - CVOR to release block time.
    - b. Spring Break - One week in late March or early April.
    - c. Fall Break - One week in mid-October
    - d. Thanksgiving week
      - Friday after Thanksgiving - not a hospital holiday but can be observed as such with group consensus.
    - e. Mid December - Surgical Services Christmas Breakfast. One day where no cases start before 0900; INOR campus only.

- f. Christmas week
  - g. New Year's week
  - h. Decision for resources to use for these weeks is at the discretion of the hospital. However, prior to a decision being made to reduce block, it is prudent to communicate with physician offices of their availability during "prime" periods.
4. FHSSBC is to be drafted by the Supervisor of Scheduling Services, Indianapolis. It is to be signed by the respective Nursing Director, Indianapolis, the Medical Director of Anesthesiology, Indianapolis, the respective Medical Director, Indianapolis, and the VPMA, Indianapolis.
- D. Scheduling of elective surgery:
- 1. May be done from 0830 to 1630 Monday through Friday.
  - 2. Information required for surgery scheduling includes:
    - a. Date, time, and length of procedure
    - b. Surgeon
      - **Special Note:** Medical Staff Department maintains "a roster of practitioners specifying the surgical privileges of each practitioner"<sup>4</sup> in the form of a database of credentialed physicians and access to the database is always available for schedulers.
    - c. Procedure, including site and / or side if applicable
    - d. Special equipment needed, or other pertinent information, including allergies, implants such as pacemaker or defibrillator, interpretation services or any other special needs
    - e. Type of anesthesia (General, Regional, MAC, Conscious Sedation, Local).
    - f. X-ray studies, frozen section
    - g. Patient name, date of birth, sex, ICD-10 code, medical record number (if available), current phone number and current address
    - h. Diagnosis with appropriate Current Procedural Terminology (CPT) code
    - i. Patient status (inpatient, A.M. admission, outpatient, observation, Long Term Acute Care (LTAC) facility or hotel)
  - 3. The surgeon's office is responsible for obtaining special needs items (equipment, supplies, instruments, etc....) not normally supplied by the hospital. If a vendor is required by the surgeon to attend the case it is the surgeon's/surgeon's office responsibility to contact the vendor to request their presence and necessary supplies and instrumentation for the case.
    - a. Refer to Nursing Procedures, **Cardiovascular Operative Room (CVOR) New Product Introduction / Vendor and Surgical Services Supply Deliveries Directly from Vendor.**
  - 4. All surgical cases are scheduled in the earliest or closest time available to the surgeon's request. The Surgery Scheduling office and physician office schedulers work to find a mutually agreed upon time for cases that cannot be immediately accommodated. Surgical cases scheduled for the same day will follow the add-on guidelines in Section J of this policy.
    - **Special Note:** If a patient requests an anesthesiologist by name, multiple names are taken. If the first-choice anesthesiologist has a previous commitment, then the next request should be honored.
  - 5. The surgery schedule for the next day closes in coordination with the Surgery Scheduling office

Monday through Thursday. The schedule for Monday closes at 1630 on Sunday evenings. Any procedure to be added to the schedule after that point is handled by the Surgery Communication Coordinator as follows:

- a. Confer with the person making anesthesia assignments to find time that accommodates the availability of the surgeon, anesthesia resources, personnel and operating room if called in prior to 9pm. After 9 pm cases are put on the add-on list, except no-release add-ons.
- b. All no-release room add-ons can be added to their room schedule if called in prior to 7am.
- c. All cases added to the next day's schedule should be communicated to the Ambulatory Surgery Department (ASD) and the Post Anesthesia Care Unit (PACU). Other units may need to be notified based on the specific patient and the surgical procedure, for example the inpatient unit, Radiology or the Cardiovascular Observation Unit (CVU).

E. Staffing Surgical Services (except CVOR):

1. Surgical Services is staffed Monday thru Friday for elective cases, as follows:

a. Monday through Friday

i. Starting time for elective surgery:

1. Indianapolis (INOR)

- There will be a total of nine (9) anesthesia resources available at Indianapolis Campus Main OR (INOR) for 0700 room times Monday through Friday, or later as designated by the surgery manager.
- The exception is, Dr. Minturn is allowed to schedule cases on the first Saturday of each month. This will involve an OR team and anesthesiologist not taking call. No other cases are to be scheduled on the weekend or a holiday without approval from Southeast Anesthesiologists and the SSGC.

2. Carmel (CMOR)

- There will be a total of two (2) anesthesia resources available at Carmel Campus (CMOR) for 0700 room times Monday through Friday, or later as designated by the surgery manager.

3. ENDO/MRI/IR

- i. There will be a total of one (1) anesthesia resource available for the Endoscopy Department for 0700 room time Monday through Friday, or later as designated by the department manager.
- ii. There will be an additional one (1) anesthesia resource available every Monday for a 1200 room time for management of cases for Interventional Pulmonology, or later as designated by the department manager.

4. EP/Cath Lab/TEE

- There will be a total of two (2) anesthesia resources available for EP/Cath Lab/TEE for 0700 room times Monday through Friday, or later as designated by the department manager.

ii. Ending time for elective surgery:

1. All open rooms available until 1700. A 30-minute addition of "clean up time" is

permitted to add to the schedule at the end of the day allowing scheduled cases until 1730 Monday through Friday.

2. The number and/or room availability may be decreased based on the surgery scheduling calendar around holiday or vacation time in accordance with the FHSSBC. The number and/or room availability may be daily increased or decreased based on the willingness of any Indianapolis/Carmel Surgical Department to relinquish a resource that then may be reallocated to another department on a day to day basis. Sharing of resources will require mutual agreement by the respective Department managers.

F. Heart Center (CVOR) Staffing:

1. Operating rooms are staffed Monday through Friday for elective surgery as follows:

- a. Starting time for elective CVOR surgery:

1. There will be a total of three (3) anesthesia resources are available for the Cardiovascular Operating Rooms (CVOR) Monday through Friday for 0630 room time for Cardiac surgery and 0730 room time for Vascular Surgery, or later as designated by the surgery manager.
2. All rooms are first-come, first-served basis Monday through Friday.
3. Cath lab cases scheduled in the CVOR are to utilize a EP/Cath lab/TEE anesthesia resource, but may tie in with CVOR staffing and should be coordinated between those 2 departments. A Cath lab case in the CVOR cannot be bumped by a surgical case without consulting with cardiology.

- b. Ending time for elective CVOR surgery:

1. The ending time for elective surgery will be 1700 with an allowance of 30 minutes of clean up time permitting scheduled cases to end at 1730.
2. The number and / or room availability may be decreased based on the surgery scheduling calendar around holiday and or vacation time in accordance with the FHSSBC. The number and/or room availability may be increased or decreased daily based on the willingness of any department to relinquish a resource that then may be reallocated to another department on a day to day basis. Sharing of resources will require mutual agreement by the respective Department managers.
3. For a case to be scheduled after 1730 in the CVOR, permission must be obtained from the Anesthesia Scheduler.

G. Anesthesia in Charge (AIC):

1. Anesthesia services are provided "in a well-organized manner under the direction of a qualified Anesthesiologist who is a Doctor of Medicine or Doctor of Osteopathic Medicine (and) the service is responsible for all anesthesia administration in the hospital."<sup>5</sup>
2. The Anesthesia Advisory Board will appoint a group of anesthesiologists who will serve as INOR AICs. The INOR AIC will have the daily responsibility of helping manage the surgery schedule in concert with the Charge Nurses at all locations in which anesthesia services are provided. In addition, Monday through Friday, an anesthesiologist will be assigned as AIC at CVOR, and CMOR. Problems with the schedule will be brought to the attention of the regional AIC and regional Charge Nurse. The methodology to be followed is outlined in the upcoming section in this policy.

\* H. Surgical Case Priority: ~~10~~



1. The surgical cases will be prioritized highest to lowest in the following order:

- a. Emergency Interrupts (defined as immediate threat to life or limb)
- b. Scheduled Cases
- c. Delayed Cases
- d. Move-ups
- e. Add-ons

I. Delayed or Canceled Cases:

1. During the course of the day, surgeons may not cancel one of their cases and immediately add another in its place. Consideration for that time slot would first go to any delayed scheduled cases and secondly to any scheduled cases wanting to move up. If none of these exist, then they may proceed with their add-on, as, technically, they would effectively be the first available surgeon, assuming other add-ons are not ahead of the case.
2. Delayed cases are originally scheduled cases that will start more than 30 minutes past their appointed time due to interrupts or other delays in the schedule. As soon as it is known that a case will run over, the next surgeon will be notified and given a time estimate, if possible. If the delay will be greater than 30 minutes, attempts will be made to move the delayed case to another room. Delayed cases will be given priority over move-ups and add-ons.
3. If surgeon is more than 30 minutes late arriving for a scheduled case, attempts will be made to move that case to another room. If resources are not available, case will be moved to the add-on list with high priority.
4. If the anesthesiologist is late, attempts will be made to immediately find a replacement.

J. Move-ups:

1. Move-ups are originally scheduled cases placed at times later than preferred by the surgeon who will then request a move-up if time becomes available earlier in the day. Surgeons who would like to move-up should notify the surgical core as soon as possible. Cases from another room wishing to move-up will be considered before any add-on cases as long as they will not delay any subsequent scheduled case without that surgeon's permission, especially if there is no other free room to move them.

K. Add-ons:

1. Add-ons are cases added to the day's surgical caseload that cannot wait to be scheduled in the regular manner. The add-on cases are to be considered only when the delayed and scheduled cases are done. If there are gaps in the schedule, it is at the discretion of the anesthesiologist in charge and charge nurse to determine if an add-on case can be accommodated at that time and will be based on estimated surgeon case time and turnover time. There may be occasions in which an add-on took longer than expected and delayed a subsequent case. Decisions to fit cases in gaps must be made prospectively by the AIC and Charge Nurse with the best information present at the time. It is not possible to always avoid a delay of a subsequent case. Cases to be added on are to be called to the surgery desk personnel where they will be entered on the add-on list in the order in which they are received.
2. The surgeon adding a case on should indicate as soon as possible to the surgery desk when he / she will be available. If the time available is not given, then it will be the responsibility of the surgeon to notify the surgery desk when he / she will be available. Add-ons will be done in the order of

surgeon availability. Each surgeon's availability status will be considered in the order in which his or her cases were added on. For example, a surgeon who is fourth on the add-on list could possibly go first if he / she were available and the first three were not available at the time a room and personnel became free. If more than one surgeon is available at the same time, preference will be given to the one who is earlier on the add-on list.

3. A case that has left the operating room and needs to come back, either from PACU, ASD or the nursing unit, is considered an add-on, as opposed to a continuation of the original case, and will be scheduled as such. If the nature of the patient's return is of a higher priority, then it needs to be considered an interrupt and handled accordingly.
4. Disagreements or questions concerning the day's caseload are to be referred to the Regional AIC and regional Charge Nurse.

L. Anesthesia Call Resources/Coverage - To include Monday through Friday (1730-0700) and on Weekends and Holidays (24 hours per day with elective cases beginning at 0800), except CVOR who can begin at 0730.

1. Global coverage - The anesthesia call resources are designed to provide a global coverage of all services (INOR, CVOR, CMOR, ENDO/MRI/IR, and EP/Cath lab/TEE), with a primary focus on INOR and CVOR, where the vast majority of call cases arise.

2. INOR

- a. Monday through Friday (1730-1930) A total of three (3) primary resources will be used for cases starting after 1730. Once the INOR is down to less than three (3) rooms it will be at the discretion of the AIC or on call anesthesiologist to allow a resource to float to another department that has not yet finished.

- b. Weekdays (1930-0700) and Weekends and Holidays (24 hours per day with elective cases beginning at 0800) - A total of two (2) primary resources will be allotted for the global coverage of surgery departments. One (1) of the call resources will always be dedicated to INOR, as there is an in house OR staff from 0800-1900 on the weekends. At the discretion of the on call anesthesiologist, a second resource may be used to SHIFT to other departments and to handle add-ons in a timely, efficient manner covering cases in the order received according to the add-on policy.

- i. On weekends one elective room will be run until cases are scheduled past 1000 or a surgeon is delayed more than 2 hours. At that time, a second room may be opened to allow efficiency and minimize delays. The 2 hour delay consideration will be adhered to for all after hours work if at all possible. The estimation of a 2 hour wait time is a prospective process without the benefit of hindsight. While it is not the intent to have a surgeon wait longer than 2 hours, unforeseen scenarios arise and there may be occasions in which a surgeon does wait greater than 2 hours.

- ii. Please refer to "After-hours considerations" below for the handling of emergent cases (Section M).

3. Heart Center (CVOR)

- a. Monday through Friday 1730-0700 - A total of one (1) primary resource will be used for cases starting after 1730. If additional rooms are running after hours then the assigned anesthesiologist (non call) will continue with room coverage until case is finished or call resource is freed up to relieve them.

- b. Weekends and Holidays (24 hours per day with elective cases beginning at 0730) – A total of one (1) primary resource will be allotted for primary CVOR coverage. At the discretion of the on call anesthesiologist, call resources may be used to SHIFT to other departments to handle add-on's in a timely, efficient manner covering cases in the order received according to the add-on policy.

4. Carmel (CMOR)

- a. All cases will be finished by the anesthesiologists assigned to these rooms at the beginning of the day (non call resources).
- b. Weekend cases will be handled by the Anesthesia Call team in a manner that will not jeopardize primary call coverages.

5. ENDO/MRI/IR and EP/Cath Lab/TEE

- a. Monday through Friday (1730-0700) - All scheduled cases will be finished by the anesthesiologists assigned to these rooms (non call resources) until the time that a call resource is freed up that will not impact care of cases in the INOR (i.e. INOR is down to less than 3 rooms).
- b. Weekends and Holidays (24 hours per day with elective cases potentially beginning at 0800) – INOR and CVOR will take precedence for two of the three anesthesia resources as the vast majority of cases arise in these areas. The third anesthesia resource will be used to SHIFT among departments and handle ENDO/MRI/IR and EP/Cath Lab/TEE add-ons in a timely, efficient manner covering case in the order received according to the add-on policy. Urgent and Emergent cases receive priority at all times.

M. After hours considerations with anesthesia resources

- 1. At any given after-hours time there are three (3) anesthesia resources on call. These resources are meant to be shared across departments when needed.
- 2. Whenever possible, having all three (3) anesthesia resources tied up for more than 60-90 minutes at a time will be avoided due to the potential for an emergency interrupt to occur at any time.
- 3. It will be left up to the discretion of the anesthesiologist on call along with communication with surgeons on how to handle simultaneous cases keeping in mind the extent of anesthesia and nursing resources to better manage patient care when a true emergency arises.
- 4. These considerations should be particularly kept in mind when long, simultaneous cases are running as freeing up of an anesthesia resource may not be as predictable.

N. References:

- 1. HFAP Healthcare Facilities Accreditation Program. Standard 30.00.00: Condition of Participation: Surgical Services. In: *Accreditation Requirements for Acute Care Hospitals*. 2017. Chicago, IL: HFAP; 2017.
- 2. HFAP Healthcare Facilities Accreditation Program. Standard 30.00.09: Standards of Practice. In: *Accreditation Requirements for Acute Care Hospitals*. 2017. Chicago, IL: HFAP; 2017.
- 3. HFAP Healthcare Facilities Accreditation Program. Standard 30.01.01: Organizational Structure. In: *Accreditation Requirements for Acute Care Hospitals*. 2017. Chicago, IL: HFAP; 2017.
- 4. HFAP Healthcare Facilities Accreditation Program. Standard 30.00.05: Surgical Privileges. In: *Accreditation Requirements for Acute Care Hospitals*. 2017. Chicago, IL: HFAP; 2017.

5. HFAP Healthcare Facilities Accreditation Program. Standard 30.01.00: Condition of Participation: Medical Leadership for Anesthesia Services. In: *Accreditation Requirements for Acute Care Hospitals*. 2017. Chicago, IL: HFAP; 2017.

## Bibliography:

Association of periOperative Registered Nurses (AORN) Guidelines for Perioperative Practice website. <http://www.aornstandards.org/content/current>. Published January, 2017. Accessed August 22, 2017.

Franciscan Health Central Indiana Nursing Procedure, Cardiovascular Operative Room (CVOR) New Product Introduction / Vendor.

Franciscan Health Central Indiana Nursing Procedure, Perioperative Services Supply Deliveries Directly from Vendor.

## Review Panel:

Baker, Stacy, BSN, RN, Manager Operating Room, Indianapolis Campus, - 12/2017.

Bennett, Marci, MHA, BSN, RN, NE-BC, CPHQ, CCRN - 12/2017.

Brockner, Christine, BS, RT(R)(CT) - 12/2017

Brown, Diana, BSN, RN- 12/2017

Gosnell, Anndee, MSN, RN, CAPA - 12/2017.

Lane, Fred, MD; Medical Director Surgical Services Franciscan Health Indianapolis 12/2017.

Lobsiger, Hollynn, MSN, RN, NE-BC - 12/2017.

Nagy, Lorie, MSN, RN - BC, CCRN-K - 12/2017.

Piercy, Justin, BSN, RN, Manager Cardiovascular Operating Rooms, Indianapolis Campus, - 12/2017.

Rissing, David, MD; Chairman of Advisory Board Southeast Anesthesia, PC - 12/2017.

Ruff, Terri, MBA, MHA (RT); Vice President Clinical Services

Terrelli, Kurt, MD; Medical Director of Anesthesia Franciscan Health Indianapolis, 12/2017.

Vance, Christine, BSN, RN, Operations Manager, Indiana Heart Physicians - 12/2017.

Wheatley, Stephen J., BSN, RN, Director of Operations, Carmel Campus, - 12/2017.

Wrightson, Wade, MD Pre-and Post-op Medical Director, Franciscan Health Indianapolis Campus, - 12/2017.

## Committee Approvals:

Surgical Services Governance Council: - 2/25/2019

Clinical Practice Council: - 09/12/2017.

Nursing Executive Committee: - 09/2017.

Medical Executive Committee, Carmel Campus: - 10/17/2017.

Medical Executive Committee, Indianapolis Campus: - 10/19/2017.

*If this policy does not yet have an electronic signature, please refer to the policy archives for a signed PDF version.*

## **Attachments:**

### **Approval Signatures**

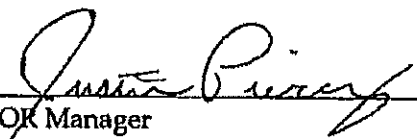
<b>Step Description</b>	<b>Approver</b>	<b>Date</b>
	James Callaghan: President CEO [DP]	6/5/2019
	Lindsey Messer: Administrative Assistant	2/28/2019
	Corey Baute: VP Administrative Services	2/27/2019
Administrative Policy Committee	Marianne Benjamin: Director Nursing Operations	2/26/2019
	Marci Bennett: Director Patient Care Services	2/26/2019

### **Applicability**

Franciscan Health Indianapolis, Franciscan Health Indianapolis at Carmel

The operating rooms are staffed daily from 0700-1900. An on-call team covers the OR from 1700-0700 Monday – Friday, or 1900-0700 on weekends, for all call cases.

The call staff are expected to arrive to the facility within of 30 minutes from notificaiton.

  
\_\_\_\_\_  
OR Manager

  
\_\_\_\_\_  
OR Manager

INDIANAPOLIS  
8111 South Emerson Avenue  
Indianapolis, IN 46327

MOORESVILLE  
1201 Hadley Road  
Mooreville, IN 46158

CARMEL  
12188 N. Meridian Street  
Carmel, IN 46032

**KURT TERRELL, M.D.**

**EDUCATION**

Franklin College, Bachelor of Arts in Chemistry, Franklin, IN, August 1990-May 1994  
Indiana University School of Medicine, Doctor of Medicine, Indianapolis, IN, August 1994-May 1998  
St. Vincent Hospital, Preliminary Medicine Internship, Indianapolis, IN, July 1998-June 1999  
Indiana University School of Medicine, Anesthesia Residency, Indianapolis, IN, July 1999-June 2002

**PROFESSIONAL APPOINTMENTS**

Franciscan Health (Indianapolis), July 2002-present  
Franciscan Surgery Center, July 2002-present  
Indiana Surgery Center, September 2003-present  
Richard L Roudebush VA Medical Center, January 2006-June 2007  
Columbus Surgery Center, December 2009-December 2011  
Indiana Orthopaedic Hospital, August 2011-June 2016

**BOARD CERTIFICATION**

American Board of Anesthesiology, April 2003  
Maintenance of Certification in Anesthesiology, January 2014

**MEDICAL LICENSE**

Indiana State License, ~~~  
Indiana Controlled Substance Registration, ~~~  
DEA Registration, ~

**ADMINISTRATIVE ACTIVITIES**

Obstetric Anesthesia Service Line Director, April 2005-October 2017  
Member of Obstetric/Gynecology Patient Care Committee, April 2005-October 2017

Recruiting Coordinator of Southeast Anesthesiologists, January 2009-November 2013  
Secretary of Anesthesia Patient Care Committee, January 2011-December 2012  
Director of Acute Pain Service, January 2011-November 2013  
Vice President of Anesthesia Patient Care Committee, January 2013-December 2014  
Member of Quality Council, January 2013-December 2014  
Advisory Board Member of Southeast Anesthesiologists, November 2013-March 2015  
Coordinator of Respiratory Therapist and Paramedic Student Intubation Education, January 2014-December 2015  
Member of Obstetric Clinical Operations Group, November 2014-October 2017  
President of Anesthesia Patient Care Committee, January 2015-December 2016  
Chairman of Anesthesia Department, January 2015-December 2016  
Member of Officers Committee, January 2015-December 2016  
Member of Medical Executive Committee, January 2015-December 2017  
Member of Obstetrical Operations Committee, January 2017-October 2017  
Medical Director of Anesthesia, November 2017-present  
Member of Surgical Block Committee, November 2017-present  
Member of Trauma Patient Care Committee, November 2017-present  
Member of Trauma Operations Performance Improvement Committee, November 2017-present  
Member of Surgical Services Governance Council, November 2017-present  
Member of Surgical Clinical Operations Group, November 2017-present  
Member of Code D Committee, November 2017-present

#### **PROFESSIONAL MEMBERSHIPS**

American Society of Anesthesiologists, 1999-present  
Indiana State Medical Association, 2006-present  
Indianapolis Medical Society, 2006-2014